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Measuring Progress

THE PURPOSE OF a Presidential Address, I am told, is to review the past and to chart the future. For the past I shall quote from the presidential address given in 1924 at the 12th convention of our association by Miss Jean E. Browne. She said:

> There are two ways of measuring progress: how much better things could be; how much worse they could be. The first method makes for discontent, the second for contentment. We need enough to appreciate what we have and enough discontent to keep us growing.
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> I think we must be careful not to allow ourselves to be fitted into a professional straitjacket. It is only comparatively recently that nursing has been recognized as a worthy profession, and, even yet, we find certain groups of people who fancy they can solve our problems for us, so that it is perhaps excusable if we have developed a more or less narrow professionalism. We should not, however, lose sight of the fact that intelligent, public-spirited people outside our profession can give us valuable assistance with our problems. They can bring to our attention the needs of the world outside to supplement the expert knowledge of the professional.

It is our responsibility, in charting "Pathways to the Future," to survey

Ballard-Jarrett, Toronto

HELEN G. MACARTHUR

This presidential address was delivered at the opening session of the convention at Banff, June 7, 1954.

the territory through which we must travel. We must be certain that we are travelling in the right direction. We must repair any ruts we may find before they are carved too deeply. We must build new pathways to service for all our people. It is even more important for us to relate our development to the total Canadian scene. If every group built only to its own needs, as they see them, such achievements as the great national highways and railways would never have come to pass. Each tiny piece had to be fitted into the total plan as well as into the local situation. So it must be in nursing.

We are all well aware that there are many positions in nursing that are unfilled. The term "nursing shortage" is not unfamiliar to any of us. Our great concern is that there should be sufficient nursing care available to reach all the people of Canada. We are seeking ways and means of correcting the conditions that prevent Canadians from receiving their rightful amount and quality of nursing service when and where they need it.

While ever mindful of the need to recruit more young women into nursing, we are also mindful of the total picture in Canada — the need for more teachers, social workers, doctors, dentists, physiotherapists, etc. We trust that, as citizens, we shall all give support to efforts to improve the total resource of man and woman power. At the same time we would hope that we shall use effectively that which we have — in Miss Browne's words, we must not yield to either content or discontent but seek a balance to keep us growing.

During the past few years we have spent much time with our own association affairs — mainly because we have needed to stabilize our treasury, review and produce new machinery to make our association function adequately, and find the essential professional staff to develop our plans. Now it is time to sponsor a program of action. Nursing is well equipped and ready. Let us work together to develop new Pathways to the Future.

— HELEN G. MCARTHUR

Gladys Sharpe, President

ONE OF THE MOST time-consuming and demanding positions that any woman can hold is to become the president of a large and flourishing organization. Conducting meetings is probably the least exacting of the manifold duties she assumes as the mantle of responsibility descends upon her. She is the "V.I.P." who is called upon to represent her association at innumerable public gatherings. She must be dynamic if her leadership is to produce constructive results. She must be farsighted in her planning, looking beyond the hedgerows of present-day problems. She must have limitless patience to enable her to wait for the rank and file of the members to come abreast of her thinking and planning. She must be broad-minded and tolerant, firm yet elastic, progressive yet wary of abrupt changes in policy. She has prepared herself for her new responsibilities by diligently observing the work of her predecessors and by fulfilling capably the obligations put upon her. She continues to grow in all of these directions as month succeeds month. She is, in very truth, a leader.

Assessed against this portrayal of presidential qualities, Gladys Josephine Sharpe, R.R.C., the new president of the Canadian Nurses' Association, measures up in stalwart fashion. Her preparation has been outstandingly good including committee work galore, the presidency in her own alumnae association, of the Registered Nurses' Association of Ontario and, for the past four years, first vice-president of

the C.N.A. That she would be elected to her new high office by acclamation was but natural.

Nor is it solely in organizational activities that Miss Sharpe has proven herself such a capable leader. Her potentialities were early recognized by the association over which she now presides when, in 1935, she was awarded the Florence Nightingale Memorial Scholarship for a year's post-graduate study at Bedford College, London, Eng. She returned to her science classes in the teaching department at Toronto Western Hospital, whence she had graduated, but shortly afterward advanced to the post of assistant principal of that school of nursing.

The outbreak of World War II stirred Miss Sharpe keenly. By June, 1940 she was matron of the Toronto Military Hospital charged with the enrolment and training of nursing sisters for overseas service with the R.C.A.M.C. When nursing sisters were sought to supplement the South African Military Nursing Service, Miss Sharpe promptly volunteered for duty. For nearly three years she served as assistant matron and liaison officer for this group. She received the award of the Royal Red Cross for her outstanding leadership during this period.

Returned to Canada and her former work at Toronto Western, Miss Sharpe felt the need for some mental stimulation. She chose Teachers College, Columbia University as the educational centre where she completed the requirements for her degree in nursing. Shortly afterward, she was appointed the first director of nursing education at McMaster University, Hamilton, Ont. In 1949 she assumed her present position as director of nursing and principal of the school of nursing at Toronto Western Hospital. Anyone who has studied the developments in that school of nursing in the past few years will appreciate how progressive and far-seeing our new president is.

There is a penalty demanded of a busy executive who assumes added responsibilities in her professional organization. Inevitably, the amount of free time for indulging in personal pleasures shrinks to the vanishing point as the pressure of association activities mounts. The burden is lightened as each of us cooperates fully in carrying our share—even though it may appear only a trivial share. The nurses of Canada will not shirk from lifting their corners of the load.

Ashley & Crippen, Toronto

MISS GLADYS J. SHARPE

We must live with a definite purpose in view. A life without a purpose is a very dull life indeed. We all know from personal experience how tired we may become while doing nothing, but let us once find an outlet for our energies, some object on which to expend them, and our instinctive powers awake us to life. The Sea of Galilee is fresh and blue and gives life to living creatures within its sunlit waters, not because it receives waters, but because it gives them freely. The Dead Sea is dead, not because there is no supply of fresh water, but because it permits no outlet. It is, therefore, stagnant and deadly; no fish lives in its waters, nor is any beast to be found upon its shores. It is a law of nature, a law of life, that only by giving shall we receive.

—MAX A. BAHR, M.D.

This Bank and Shoal of Time

F. N. Salter, M.A., F.R.C.S.

If an exact date could be set for the beginning of the modern profession of nursing, that date would be November 3, 1854, when Florence Nightingale landed at Scutari. We are only too likely to become "blunted with community" and to grow indifferent to the achievements of our predecessors; but, to say it in a word, anyone who should draw up a list of the ten greatest persons who have ever lived would be guilty of a shameful error of he omitted the name of Florence Nightingale. Indeed, it would be reasonable to place her among a smaller number.

Since the nursing profession has completed its first hundred years, it would seem an appropriate moment to consider whence it has come and where it is going. The measure of its advance may be felt in the fact that the conditions which Florence Nightingale encountered at Scutari would seem appalling to every person living today in the western world—but I hasten to add that the western world is not the whole world. No nurse in this audience has ever worked under such conditions as were common a century ago.

From Cecil Woodham-Smith's *"Florence Nightingale"* I excerpt the following passage:

> "The filth became indescribable. The men in the corridors lay on unwashed, rotten floors crawling with vermin. As the Rev. Sidney Godolphin Osborne knelt to take down dying messages, his paper became covered thickly with lice. There were no pillows, no blankets; the men lay, with their heads on their boots, wrapped in the blanket or great-coat stiff with blood and filth which had been their sole covering perhaps for more than a week. There were no screens or operating tables. Amputations had to be performed in the wards in full sight of the patients. Mr. Osborne describes the amputation of a thigh "done upon boards put on two trestles. I assisted . . . during the latter part of the operation the man's position became such from want of a table he was supported by my arm underneath, a surgeon on the other side grasping my wrist." One of Miss Nightingale's first acts was to procure a screen from Constantinople so that men might be spared the sight of the suffering they themselves were doomed to undergo.
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> She estimated that in the hospital at this time there were more than 1000 men suffering from acute diarrhea and only 20 chamber pots. The privies in the towers of the Barrack Hospital had been allowed to become useless; the water pipes which flushed them had been stopped up when the barracks were used for troops and, when the building was converted into a hospital, they had never been unstopped. Mr. Augustus Stafford said there was liquid filth which floated over the floor an inch deep and came out of the privy itself into the anteroom. He told the Roebuck Committee: "The majority of the cases at the Barrack Hospital were suffering from diarrhea, they had no slippers and no shoes, and they had to go into this filth so that gradually they did not trouble to go into the lavatory chamber itself." Huge wooden tubs stood in the wards and corridors for the men to use. The orderlies disliked the unpleasant task of emptying these and they were left unemptied for 24 hours on end. In this filth lay the men's food—Miss Nightingale saw the skinned carcasse of a sheep lie in a ward all night. "We have erysipelas, fever and gangrene," she wrote, ". . . the dysentery cases have died at the rate of one in two . . . the mortality of the operations is frightful . . . This is only the beginning of things."

It was indeed, only the beginning of

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things. Far worse was to follow. But it was the beginning in another sense—the beginning of modern nursing and modern sanitation. In spite of every kind of opposition, obstruction and frustration, even from medical men, Miss Nightingale went to work.

We must not believe that conditions at Scutari were exceptional. In the public hospitals of England conditions, not dissimilar, were accepted as matter of course. Let me offer another excerpt from Miss Woodham-Smith:

> In 1845 hospital were places of wretchedness, degradation and squalor. "Hospital smell," the result of dirt and lack of sanitation, was accepted as unavoidable, and was commonly so overpowering that persons entering wards for the first time were seized with nausea. Wards were usually large, bare and gloomy. Beds were crammed in, 50 or 60, less than two feet apart. Even decency was impossible.
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> The patients came from the slum tenements called "rookeries," from hovels, from cellars where cholera lurked. Gin and brandy were smuggled into the wards and fearful scenes took place, ending by half-dying creatures attacking each other in frenzy and writhing in fits of the "screaming horrors." In certain hospitals it was not unknown for the police to be called in to restore order.
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> The sick came into hospital filthy and remained filthy . . . "The beds on which patients lay were dirty. It was common practice to put a new patient into the same sheets used by the last occupant of the bed and mattresses were generally of flock, sodden and seldom if ever cleaned."
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> In 1845 it was practically unknown for a respectable woman to become a hospital nurse. The conditions under which a hospital nurse lived were such that no respectable woman could endure them . . . It was common for nurses to sleep in the wards they nursed and not unknown for nurses of male wards to sleep in the wards with the men . . . Discipline and supervision were almost non-existent . . . Drink was the curse of the hospital nurse, as of the patients. "The nurses are all drunkards, sisters and all," said the physician of a large London hospital in 1851, "and there are but two nurses whom the surgeons can trust to give the patients their medicine." In 1854 the head nurse of a London hospital told Miss Nightingale that "in the course of her large experience she had never known a nurse who was not drunken and there was immoral conduct practised in the very wards, of which she gave me some awful examples."

Conditions seem to have been somewhat better in religious institutions, although these seem to have been more interested in spiritual health than in mental or physical; and, of course, private families with wealth enough could no doubt secure something not too barbarous in home care. Nevertheless, if we today find ourselves shocked, sickened, or appalled by these accounts of nursing and hospitals a century ago, that response is a measure of the tribute which we should pay to the name of Florence Nightingale. Since her day Democracy and the professional nurse have walked hand in hand, ameliorating the condition of mankind. Yet we should always remember that at least the beginning of municipal sanitation, district nursing, schools for nurses, and many other things which are now commonplace, to say nothing of the elevation of the nurse to a character which has won universal respect and gratitude, was made by Miss Nightingale. The Red Cross itself may claim to have been inspired by her.

Because of Miss Nightingale, we now have expert nursing care available in bewildering variety: there are school nurses, industrial nurses, nurses of the air and ocean, pediatric nurses, surgical nurses, maternity nurses, radiotherapists, physiotherapists, district nurses, receptionists and, no doubt, deceptionists—but perhaps I had better be careful. My satirical bent sometimes leads me into trouble. For example, I once dropped a heavy box on my right foot. On my hobbling way to see my physician, I met him on the street and asked him to recommend a toe-doctor. He told me the proper specialist to see. "Wait a minute!" I exclaimed. "Is this fellow

a right toe-doctor or a left toe-doctor?" He assured me that Dr. X could take care of me. When I met my appointment in Dr. X's office, his nurse showed me into a small room and told me to take off my shoe and sock. Presently the doctor strode in, rather gruff, took one look, and said, "You'll have to go to Dr. Y., Tegler Building. I treat only the left foot." And he left me there, a perfect picture of a backfired joke. So I shall say no more about nursing specialists, except that I am glad they exist and that expert care is available for all the ills of man.

The history of nursing, however, and its splendid achievements do not need to be elaborated before this audience. You must know, and none better, your ancestry and your record. The fact that we honor today a great Canadian nurse, Mary Agnes Snively, is evidence that you seek inspiration in the work of those who have gone before you. Of Miss Snively it has been said that she was "one of the few persons permitted to carry out reforms of incalculable value," and that her life will have "a monumental place in the annals of Canadian nursing."

No stranger needs to tell you these things; but, standing on this bank and shoal of time, at the January from which we may look back upon one era of nursing and forward to another, we may profitably question what that future holds.

That is, if there is to be any future at all! What assurance is there that nursing or the world in which it is practised will survive another hundred years? Since Crimea we have seen in many limited wars, to say nothing of two World Wars, the manufacture of increasingly efficient weapons of slaughter and destruction; and now, in these days of peace, we hear of fiendish instruments so terrible that no living mind can comprehend their full savagery. These atomic weapons are waiting, longing, hungering for their day. If that day dawns, civilization, as we know it in the western world, will be of no more account than the brief uncertain glory of an April day in the olden time, long ago.

Lest you should think that this statement is merely the personal remark of an insignificant professor, let me quote the words of one of the most powerful men on this earth, a man who holds the destinies of millions of his own people and hundreds of millions of others in his hands. He is speaking of that increasing muddle which we call the Cold War, and he asks:

> "What can the world — or any nation in it — hope for if no turning is found on this dread road? The worst to be feared and the best to be expected can be simply stated. The worst is atomic war. The best would be this: a life of perpetual fear and tension; a burden of arms draining the wealth and labor of all peoples; a wasting of strength that defies the American system or the Soviet system or any system to achieve true abundance and happiness for the peoples of the earth . . .
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> "The world in arms . . . is spending the sweat of its laborers, the genius of its scientists, the hopes of its children. The cost of one modern heavy bomber is this: a modern brick school in more than 30 cities. It is: two electric power plants, each serving a town of 60 thousand population. It is: two fine, fully equipped hospitals. It is some 50 miles of concrete highway. We pay for a single fighter plane with a half million bushels of wheat. We pay for a single destroyer with new homes that could have housed more than 8,000 people . . . This is not a way of life at all, in any true sense. Under the cloud of threatening war, it is humanity hanging from a cross of iron.

This statement was made by General and President Eisenhower in April, 1953.

If the cost of a single bomber, a single fighter, and a single destroyer can be assessed in terms like these, what is the cost of war? If even in the Cold War "humanity hangs upon a cross of iron," what can we expect of blazing, searing atomic warfare? The whole of life as we know it, childbirth and disease and death in the normal order, the joy and innocence

of childhood, the brief vigor and loveliness of youth, the accomplishments of middle age, and the peace and wisdom of maturity, all these — and our delight in music and the arts, the fervor of genuine religion, love and hearth and home: all these things may be obliterated in a moment.

And as we helplessly watch our leaders fumble and bumble along the wrong path, as the world has seen other leaders do so many times before, must we not ask what it is in us or our system that makes us exalt into positions of power and trust men without brains, men without imagination, men without hearts, the inept, the stupid, the self-willed, and the self-interested. Draw up a list of the leaders of all countries during the last 50 years: you will be surprised to see how many of them should have been in asylums, how many should have been in jails; how few of them should have been in power. And just here we must deplore the fact that women have had so little influence on world affairs. Idealists of 50 years ago would be amazed at the outcome of "Votes for Women." Lydia Pankhurst and many others were willing to endure ridicule and imprisonment and persecution that women might have a voice in the affairs of the nation. They saw a new era when corruption in politics would disappear and idealism would enter into our parliaments. But the Eleanor Roosevelts are still few; and the amelioration of the condition of peoples, where it has occurred, has not come about because women have demanded it. It has come about because of the increasing power of the common man — because, in other words, democracy is a growing and expanding process which can be slowed down, but which cannot be stopped.

Indeed, against the terrible possibility of the obliteration of our world, there is only one safeguard; and that safeguard is the simplest and most obvious of all things. What is it that has enabled the nursing profession in one brief century to achieve so dazzling, so tremendous, and so inspiring a record? Nothing but the most commonplace, natural, and human of all things — love. The nurse does not ask what the character of the patient may be: he may be utterly depraved and wicked — or he may be saintly, wise, and brilliant; but the nurse is neither his maker, nor his judge. His skin may be red or white or yellow or black. He may be Jewish, Christian, Mohammedan, Buddhist, or atheist. The nurse does not concern herself with these impertinences; the patient needs her ministrations and the patient receives them — generously, and in full measure. Nursing, in short, is practical democracy; it is democracy in action; it is a living example of that ancient gospel: Love thy neighbor as thyself.

After all, what do we mean in this Christian land when we recite the Apostles' Creed: "I believe in God the Father." If God is my father, He is the father also of the Negro and the Pygmy and the Polynesian, and the Turk and the Korean and the Russian and the Siamese — the father of man. If God is my father, and all men are my brothers, I should take it bitterly to heart this day that while I am fed and clothed and well to do, in many regions of this earth my brother is starving.

The answer to that problem, I beg you to believe, is not armament and preparation for war. That is the answer of Cain. The answer to that problem is charity and love and brotherhood. Even when we gaze at our known enemy across the way, whether he be Russian, German, Japanese or as he might be in the twinkling of an eye — American, Spanish or Scandinavian, we have only to say, "This is my brother." But how different is the ordinary practice of the world from the teaching of Him who told us to love our enemies! On this continent today we have vast surplusses of butter and wheat and tinned meat. Our bumbling, incompetent leaders are at their wits' ends to know what to do with them. Love would know what to do. As long as there is want or need or hunger in any portion of this earth, love would certainly know what to do.

Do not tell me that love is impra-

tical. It is the most practical and the most fruitful thing in the world. The most powerful thing in the world is not the A bomb or the H bomb or the XYZ bomb — the most powerful thing is *love*. Let me prove that point.

Two centuries ago a handful of American backwoodsmen made a simple claim: "We hold these truths to be self-evident: that all men are created equal." Within these naive words there was an explosive power beside which the atom bomb is a mere fire-cracker, a squib. Against the might and majesty of those words, the faith and strength and endurance inspired by them, the whole power of Great Britain, already mistress of the seas, equipped with professional armies, fortified with sustaining industries, upheld by gigantic financial strength, crashed in vain.

Then came a chain reaction the like of which the world had never known. Twenty years later that simple statement flowered in the watchword of the French Revolution: Liberty, Equality, Brotherhood. Down through the 19th century and even unto our own day, revolution after revolution — in Greece, in Poland, in Italy, in Czechoslovakia, in Russia, in Mexico and South America, in Spain, Burma, and India, in China, Indo-China, the Dutch East Indies and Egypt — has asserted that all men are brothers under the fatherhood of God. Early in the game, this vast emancipation of man recoiled upon the United States itself and set the Negroes free.

The counter-revolution of course set in and we have had Napoleon, Mussolini, Hitler, Stalin, Franco, Peron, and many others diverting the aims of the common man and filching away his hard-won liberties. Nay, the enemy is even in our midst: I have myself heard him declare that our domestic scene is now improving because unemployment is increasing. The world is, nevertheless, a better place to live in than it was two centuries ago — and we do have the United Nations and some infinitesimal fraction of the excess wealth of the lucky nations drawn off to help establish the good life among the have-nots. Two centuries ago it took a tough mind and a miraculous faith to say that word which now the facts justify us in repeating:

> For a' that, and a' that,
> It's comin' yet, for a' that,
> That man to man, the world o'er,
> Shall brothers be, for a' that.

We have seen, in these two centuries, in spite of many setbacks, difficulties, and frustrations, the democratic area of the earth expand with amazing rapidity. The light is swallowing up the darkness; and we may expect within the next hundred years that the lamp of Florence Nightingale will shine in every remotest corner of this earth.

For it must be obvious that the nursing profession is the daughter of Democracy itself. Where the brotherhood of man is not a conscious ideal, the nursing profession cannot exist. Tyranny has no interest in human welfare. Autocracy has no concern about the health of the masses. Totalitarianism of one sort or another may indeed wish to multiply the cannon-fodder, but it is only in the democracies that human life is not cheap, expendable with carefree extravagance. Where health and caste and privilege remain unchallenged, you will find no professional nursing sisters.

Do not mistake me: the nursing profession is not the only civilizing agency abroad in the world today. Another of the daughters of Democracy is Education who walks with the same brisk tread showering her boons, like nursing, on friend and foe with like impartiality. We have already seen, and if I am not greatly mistaken, we are likely to see more of a linking or union of effort between education and nursing.

Perhaps, just as the liberating spirit of the American Revolution recoiled upon the United States and eventually set free the slaves, we may see a recoil of that enlightening democracy which already spreads its influence across the earth, upon those countries which now are, in some degree, democratic. May I recall to your minds a little incident in the life of Florence Nightingale: when she thought of going herself as a patient to hospital,

she desired not to be a special patient but to be placed in one of the general wards. It is still regrettably true, even in Canada, that we sometimes treat the pocketbook, rather than the disease. Yet surely it is the most obvious of all things that the treatment given should be that demanded by the disease, and not that afforded by the purse.

It is also true that there are in Canada some hospitals that will not accept a Japanese girl, a Negress, or a Jewess for training. All such idiocies, I predict, will disappear in the next hundred years. Set his face against the sunrise who may, the sun will rise nevertheless. In the forward path of Democracy, in spite of incompetent statesmen, wrongheaded politicians, and all the hosts of evil, we shall find that the atomic bomb itself is only a mirage. The world of 2054 will be a more brotherly world than the world of 1954; and, in it, the professional nurse will have a still larger part to play than she has now.

So much for the larger picture. Perhaps we can fill in some details. I myself grew up in a time and place where the 12-hour day was regular. In the western world at large the day now seems to be half as long. The 40-hour week, the 35-hour week, and the five-day week are commonplace. I look around me with some bewilderment and wonder what people are doing with their time. Well, of course, some are smashing and killing themselves in automobiles — but even so, life expectancy at birth is greater now than it ever has been. And they are spending long days in beer halls. But they are doing other things also; and, for a sample, the circulation figures of public libraries are increasing steadily, and so is the percentage of high school and college students to the whole population. People are spending more time and care in keeping houses in trim, taking care of gardens, practising the arts, and living a cleaner and more wholesome life.

What nurses will do with their greater leisure can be confidently predicted from the character of such persons as are likely to be attracted to the profession. Freed to some extent from the misery of aching feet and grinding hours of toil, they will take a keener, livelier, and more intelligent interest in their work. They will notice things which the overburdened nurse of yesteryear was too dulled by sheer weariness to notice. Their observations will become more valuable than ever to the whole art of healing and to the world in general.

In the past, the world has often been nearer to a solution of its problems than anyone at the time realized. Miss Nightingale noticed that puerperal fever killed patients at a much higher rate in a large hospitals than in small ones. She, therefore, advised separate rooms for maternity patients. The germ theory of disease had not yet been born and her observation, carefully documented by statistics, might have given the clue — but did not. Similarly, in the American Civil War, it was noticed that patients, even surgery cases, gained health more rapidly and with less mortality in the open air and in tents than indoors. Similarly, the whole world knew that carbolic acid was valuable — but did not know why. In the same way, we probably know enough now to cure cancer and other dreadful diseases — but the clue is missing. When nurses are less deadened by long hours and heavy work, we may expect their observations to be of the greatest value and to bring new aids to the age-old struggle against disease and misery.

A struggle it is, for just as we adapt ourselves to new conditions, so do the microscopic enemies of mankind; and epidemics, like the new influenza after World War I, can still sweep the world.

Leisure will also provide nurses with time for study and research into matters that interest them. In universities, the general feeling is that teaching and research go together in mutual enrichment. There may be good teachers who have no interest in research, but they must be rare. In the same way, the future, I believe, will find that nursing and research will belong together, and many of our present practices will then seem as barbarous and uninformed as some of those of the Middle Ages

now seem to us. The history of nursing itself must be a subject of the keenest interest to some nurses; and I should expect to see before very long a biography of Mary Agnes Snively, or an account of the achievements of nursing in Canada. One book I should ardently desire to see, and that is an account of the day-by-day labors, emergencies, triumphs, and disappointments of an ordinary district nurse in the north of Canada.

Nurses will also make a great contribution, I believe, to psychology. Women are, by nature, practical psychologists of the first order — as most husbands know! It is a rare man who has any understanding of women; and a rare woman who has no understanding of men! The profession of nursing brings order and discipline to the natural gifts of women; we may expect nurses to benefit the world of psychology not only through their interest in ordinary patients but also when it comes to the treatment of mental disease.

I may say, in passing, that in the past I have had very little use for nurses! I hope to have even less need of them in future. There is something about the starch, the brisk efficiency of the trained nurse, if I may offer a personal confession, that reduces me to a rather resentful, helplessly bewildered small boy. There is also confusion, even shame — for my ancestry is Puritan. I have sometimes wondered whether nurses in training might not profit from a few courses in practical psychology so that they might better understand confused, difficult, or uncooperatve patients and so that they might somehow avoid giving, especially at first, such a painful shock to the ego.

I remember from the First War, a great, husky, uneducated male, the most eloquently profane man I ever knew. He had been a foreman in a lumber camp, and he lost his legs at Vimy. When I visited him in hospital, he was a sheer avalanche of grateful expression. He could talk *to me*; but he had no language fit for the ears of nurses. His prospect was gloomy indeed. What could such a giant of a man, whose life was his physique, do without his legs? I wondered then whether the nurses knew, or could divine, what I knew about that man. For I had been with him in good times and bad; in rain and sunshine, in privation and difficulty and misery; and we had walked together in the shadow of death. He was tender and kind and considerate, a tower of strength in time of trouble or danger, and on at least one occasion he saved the whole battery from panic. Was it possible, I wondered, that the nursing sisters in that hospital did not know that my profane and legless straw-boss was one of the princes of the earth? I tried to tell one of the nurses about him, but got short shrift. Of course, I was only a private soldier; she was an officer; army nurses were busy: they must have had far more work to do than could be handled.

I had the same question when reading Emily Carr's "Pause". Even since her time in a nursing home, conditions have improved greatly but certainly some of her nurses did not know, as we know, who Emily was. The example of Emily Carr is perhaps useful to both nurse and teacher. We may slip at times from our ordinary high standards of conduct and perhaps even take out a spite on pupil or patient; but that small satisfaction is nothing to the spite the self-same pupil or patient might take out on us afterwards! I know one petty tyrant of the classroom who ought, today, to be trembling in his shoes, for the boy whom he shamefully treated is now one of the cleverest professional writers in Canada. But the safety of the tyrant lies not in his past conduct but in the genuine nobility of the boy he abused. The reminder, however, is worth stating, that all of us, teacher and nurse and everyone else, may entertain an angel unawares.

To return, nurses could certainly make a great contribution to what is known about human psychology. Their habituation to discipline means also that they could make a genuine contribution to literature and the arts. One of the abiding perils of all artists is sentimentality; but the nurse, who knows

that cool self-control is the first essential of effective work in her profession, will have little trouble in achieving that restraint which is the basic quality of all good artistic endeavor. The training in detail, the necessary eye for expression, the intuitive understanding of others which must become daily, almost unconcious habit of real nurses, is for the arts, equally with nursing, a fundamental necessity. Just here I am glad to advertise an Alberta nurse, Sheila Russell, who has written a most interesting book on the subject of hospital training. Only, I do not think the "lamp can be heavy" to the nurse who really is a nurse. Moments of weariness and frustration and despair there must be. These things are a condition of life itself. But in the heart of the true nurse faith, hope, and charity are daily renewed and her year is always springtime. How do I know, if I have had little experience of nurses? I answer, with the American fathers of the Revolution, some truths are self-evident. Besides, where I live, I pass many nurses on the street every day and look into their faces. They are *all* beautiful! Q. E. D.

I regret to keep on sidetracking. Some of the great books and some of the great artistry of the future, I meant to say, will be the work of nurses. If anyone present would like an interesting hobby, I suggest that they start a bibliography of books written by nurses.

Nurses could make a great contribution also to local history — especially the district nurses who have the confidence of the whole community, who may enter any house and be welcome. All over Canada we are letting our local history slip away from us. The generations coming after will not thank us for neglecting matters which will be, to them, of the highest interest. Yet the local nurse is in touch with vast stores of knowledge which dies, bit by bit, with its owners. That very knowledge would give the nurse herself an invaluable aid in the treatment of sickness and disease in that it would help her to understand the backgrounds, the mentality, and the dispositions of her patients.

Even to philosophy, both for the reason that the nurse's training means self-discipline, devotion to a cause, and the ability to fight a battle to the end, and because the nurse is close to the problems of life and death, sickness and health through the generations, she should be able to bring great gifts.

Through all such leisure interests, the nurse of the future will contribute not only to the welfare of the world but to her own personal enrichment. This personal enrichment in turn will contribute to her value as a nurse.

As long as human beings are human, mankind will be plagued with problems of every kind. One thing can confidently be predicted: the world of tomorrow will be a better world to live in than the world of today. We are sometimes visited with nostalgia for the past, for the brave days of old, the days of gaiety and romance; these are ignorant or mistaken views. The fact is that no 20th century person would be content to live in the past for a single month if he were suddenly transported to it. The time for us to live is the time which our ancestors and predecessors have made possible. We, in turn and in gratitude, can make possible a still better world for the future. In the expanding enlightenment and improvement of the world, in the increasing brotherhood of man, the nursing profession has a noble and a splendid part to play — and they will play it. Florence Nightingale and Mary Agnes Snively were only the first — they were by no means the last — of their kind.

A new kind of eye chart is being tried out in South America. The usual chart has capital letters of the Roman alphabet in diminishing sizes. It cannot be used to test adult illiterates nor children who have not yet learned to read, or in countries where the Roman alphabet is not used.

Dr. Dolores Canals, a Catalonian pediatrician, has devised an eye chart which can be used universally, even by persons unable to read. It contains simple drawings of common objects, such as a hand, a fish, an eye, a flower and a bird in diminishing sizes.

— SIS: MEDICAL FEATURES

Cet Ilot dans le Cours du Temps*

F. N. Salter, M.A., F.R.C.S.

Si l'on pouvait fixer une date aux débuts de la profession d'infirmière moderne, cette date serait le 3 novembre 1854, le jour où Florence Nightingale débarqua à Scutari. "Le contact social n'émousse que trop nos sentiments" et nous sommes trop portés à devenir indifférents aux réalisations de nos prédécesseurs. Bref, quiconque dresserait une liste des dix plus grands personnages qui aient jamais vécus, serait coupable d'une erreur honteuse s'il omettait le nom de Florence Nightingale. Réduisez la liste, son nom s'y trouve encore.

Puisque la profession d'infirmière vient de terminer son premier centenaire, le moment semble venu de jeter un regard sur son origine et la voie où elle s'engage. Pour en mesurer le progrès, il suffit de considérer que les conditions de vie avec lesquelles Florence Nightingale se trouva aux prises à Scutari épouvanteraient n'importe qui habitant aujourd'hui le monde occidental. Je m'empresse d'ajouter que l'Occident n'est pas le monde entier. Aucune infirmière dans l'assistance n'a jamais travaillé dans les conditions fréquentes d'il y a un siècle.

Ce passage est tiré du livre "Florence Nightingale" de Cecil Woodham-Smith:

> La saleté devint indescriptible. Dans les couloirs, les hommes gisaient sur des planchers pourris, non lavés, grouillants de vermine. Comme le Rév. Godolphin Osborne s'agenouillait pour recevoir les dernières volontés des mourants, les poux envahirent son papier. Il n'y avait ni oreillers, ni couvertures; les hommes étaient couchés, la tête sur leurs bottes, enveloppés dans la capote raide de sang et de saleté, leur seule couverture depuis peut-être plus de huit jours. Il n'y avait ni paravents ni tables d'opération. Il fallait faire les amputations dans les salles sous les yeux mêmes des malades. Osborne décrit comment on amputa une jambe "sur des planches posées sur deux tréteaux. J'aidais . . . vers la fin de l'opération, faute de table, la posture du malade devint telle que je dus passer mon bras sous lui pour le soutenir tandis que, de l'autre côté, un chirurgien me tenait le poignet." L'un des premiers actes de Miss Nightingale fut de faire venir un paravent de Constantinople afin d'épargner aux hommes la vue des souffrances qu'ils étaient condamnés eux-mêmes à endurer.
>
> Elle estimait qu'à cette époque, à l'hôpital, il y avait plus de 1,000 hommes souffrant de diarrhée aiguë et seulement 20 pots de chambre. Les latrines dans les tours de l'hôpital militaire étaient hors d'usage; les chasses d'eau avaient été bouchées quand la caserne était occupée par la troupe et, lorsque le bâtiment avait été converti en hôpital, on ne les avait pas débouchées. M. Augustus Stafford rapporte qu'un pouce d'excréments liquides couvraient le plancher et s'écoulaient même des latrines jusque dans l'antichambre. Il dit au Comité Roebuck: "La majorité des patients à l'hôpital militaire souffraient de diarrhée et comme ils n'avaient ni chaussures ni pantoufles, il fallait qu'ils marchent dans cette ordure de sorte que, peu à peu, ils ne se donnèrent plus la peine de se rendre aux latrines." D'énormes baquets de bois à l'usage des hommes se trouvaient dans les salles et les couloirs. Les infirmiers détestaient vider les baquets et ils restaient 24 heures de suite sans les vider. La nourriture des hommes trainait dans cette saleté. Miss Nightingale vit la carcasse écorchée d'un mouton trainer dans une salle pendant toute une nuit. "Nous avons des cas d'érisipèle, de fièvre et de gangrène," écrivait-elle, " . . . un dysentérique sur deux est mort . . . la mortalité dans les interventions chirurgicales est effrayante . . . Et ça ne fait que commencer."

Ça ne faisait en effet que commencer.

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* *McBeth, Acte I, Scène 7.*

Il devait y avoir pire. Mais, c'était le commencement dans un autre sens, commencement de la profession d'infirmière moderne et de l'hygiène moderne. En dépit de toutes sortes d'opposition, d'obstacles et d'entraves, même de la part du corps médical, Miss Nightingale se mit au travail.

Il ne faut pas croire que les conditions à Scutari étaient une exception. Dans les hôpitaux publics d'Angleterre, des conditions semblables étaient acceptées comme allant de soi. Laissez-moi vous lire un autre extrait du livre de Mlle Woodham-Smith:

"En 1845, les hôpitaux étaient des endroits de misère, de dégradation et de saleté. L'odeur d'hôpital, résultat de la saleté et du manque d'hygiène, était accepté comme inévitable et était ordinairement si accablant que les personnes qui entraient dans les salles pour la premières fois étaient prises de nausées. Les salles étaient d'habitude grandes, nues, et sombres. De 50 à 60 lits s'y entassaient à moins de deux pieds l'un de l'autre. Toute pudeur était impossible. Les malades venaient des logements des bas quartiers appelés "rouokeries," des taudis, des sous-sols où rôdait le choléra. Du gin et de l'eau-de-vie étaient introduits en fraude, et des scènes affreuses avaient lieu où des êtres presque à l'agonie s'attaquaient, frénétiques, et se tordaient dans des convulsions hystériques. Dans certains hôpitaux, ce n'était pas chose inconnue que d'appeler la police pour restaurer l'ordre.

Les malades arrivaient à l'hôpital dans un état repoussant de saleté et y restaient . . . "Les lits où ils couchaient étaient sales. Il était d'usage courant de mettre un nouveau malade dans les draps qui avaient servi au précédent. Les matelas étaient généralement de bourre, humides et nettoyés rarement, pour ne pas dire jamais."

Qu'une femme respectable devienne infirmière d'hôpital, en 1845, était chose pour ainsi dire inconnue. Les conditions où elle devait vivre étaient telles qu'aucune femme respectable n'eût pu les endurer . . . Les infirmières dormaient fréquemment dans les salles où elles travaillaient et ce n'était pas chose inconnue que les infirmières des salles pour hommes y couchassent . . . La discipline et la surveillance étaient pratiquement inexistantes . . . La boisson était la malédiction de l'infirmière d'hôpital ainsi que des malades. "Les gardes-malades sont tous ivrognes," disait, en 1851, le médecin d'un grand hôpital de Londres, "et il n'y a que deux infirmières à qui les chirurgiens peuvent se fier pour administrer les médicaments aux malades." En 1854, l'infirmière en chef d'un hôpital de Londres dit à Miss Nightingale que "pendant ses longues années d'expérience, elle n'avait jamais connu d'infirmière qui ne fût ivrogne et l'immoralité était pratiquée jusque dans les salles. Elle m'en donna des exemples terribles."

Les conditions semblent avoir été quelque peu meilleures dans les institutions religieuses, bien que celles-ci parussent s'intéresser davantage à la santé de l'âme qu'à la santé de l'esprit ou du corps. Bien entendu, les familles aisées pouvaient se procurer quelque-chose de pas trop barbare en fait de soins donnés à domicile. Néanmoins, si, aujourd'hui, nous nous trouvons choqués, dégoûtés, ou épouvantés par ces exposés de la profession d'infirmière et des hôpitaux d'il y a un siècle, cette réaction est une mesure de l'hommage que nous devrions rendre au nom de Florence Nightingale. Depuis Florence Nightingale, la démocratie et l'infirmière professionnelle marchent la main dans la main pour l'amélioration de la condition humaine. Cependant, il faut se rappeler qu'au moins les débuts de l'hygiène municipale, de la profession d'infirmière régionale, des écoles d'infirmières, et de bien d'autres choses qui sont maintenant d'usage courant, pour ne pas mentionner l'élévation de l'infirmière à un personnage qui a conquis le respect et la gratitude universels sont dus à Miss Nightingale. La Croix-Rouge elle-même peut prétendre avoir été inspirée par elle.

A cause de Miss Nightingale, nous disposons maintenant des soins experts d'une diversité ahurissante d'infirmières. Il y a des infirmières dans les écoles, dans les usines, dans l'aviation, et la marine, des infirmières spécialistes en pédiatrie, en chirurgie, en obstétrique, en radiothérapie, en physiothérapie, des infirmières régionales, des as-

sistantes médicales et probablement des fumistes! Mais il vaut mieux être prudent. Mon penchant pour la satire m'attire quelquefois des ennuis. En voici un exemple. Un jour, je me laissai tomber une lourde boîte sur le pied. Je m'en allais clopin-clopant voir mon médecin quand je le rencontrai dans la rue. Je lui demandai de me recommander un pédicure. Il me dit quel spécialiste aller voir. "Un moment!" m'écriai-je, "ce toubib est-il un pédicure pour le pied droit ou pour le pied gauche?" Il m'assura que le docteur X saurait prendre soin de moi. Quand j'arrivai au bureau du docteur X pour mon rendez-vous, son infirmière me fit entrer dans une petite pièce et me dit de me déchausser. Bientôt, le médecin entra, un peu bourru, jeta un coup d'oeil et dit: "Il faut que vous alliez voir le docteur Y, Edifice Tegler. Je ne traite que les pieds gauches." Et il me laissa là, exemple frappant d'une plaisanterie qui avait volte-face. Je ne dirai donc rien de plus des infirmières-spécialistes, sinon que je suis content qu'elles existent et que les hommes disposent de soins experts pour tous leurs maux.

Il est inutile, toutefois, de développer davantage devant cette assistance l'historique de la profession d'infirmière et de ses magnifiques réalisations. Mieux que tout autre, vous devez connaître vos ancêtres et les services que vous avez rendus. Le fait que nous honorons aujourd'hui une grande infirmière canadienne, Mary Agnes Snively, témoigne que vous vous inspirez de l'oeuvre de vos prédécesseurs. Il a été dit de Miss Snively qu'elle fut "une des rares personnes qui eut le privilège d'effectuer des réformes de valeur inestimable," et que sa vie occupera "une place monumentale dans les annales de la profession d'infirmière canadienne."

Nul étranger n'a besoin de vous dire ces choses; mais, à l'aurore de la nouvelle année sur cet îlot dans le temps d'où l'on peut embrasser à la fois le passé et l'avenir des infirmières, il y aurait peut-être intérêt à se demander ce que les années nous réservent.

Si, toutefois, il doit y avoir un avenir. Quelle assurance y a-t-il que la profession d'infirmière ou que le monde où elle s'exerce survivront encore un siècle? Depuis la guerre de Crimée, nous avons vu dans bien des guerres secondaires pour ne rien dire des deux guerres mondiales, la fabrication sans cesse perfectionnée d'armes de massacre et de destruction; et maintenant, en ces jours de paix, nous entendons parler d'instruments diaboliques si terribles que nul cerveau humain ne peut comprendre leur atroce barbarie. Ces armes atomiques attendent leur jour, impatientes et avides. Si ce jour se lève, la civilisation telle que nous la connaissons dans le monde occidental n'aura pas plus d'importance que la gloire incertaine et brève d'un jour d'avril il y a très, très longtemps.

De peur que vous ne pensiez que cette constatation n'est que la remarque personnelle d'un professeur sans importance, permettez-moi de vous citer les paroles de l'un des hommes les plus puissants de la terre, d'un homme qui tient entre ses mains la destinée des millions d'êtres qui composent son peuple et de centaines de millions d'autres. Il parle de cette confusion qui va croissant et que nous appelons la guerre froide et il demande:

> Que peut espérer le monde ou n'importe quelle nation dans le monde si l'on ne trouve pas de tournant à cette route redoutable? Ce qu'il y a de plus à craindre comme ce à quoi on peut s'attendre de mieux peut être dit tout simplement. Le pis, c'est la guerre atomique. Le mieux serait une vie de crainte et de tension continuelles, un fardeau d'armements qui épuise l'argent et le labeur de toutes les nations; un gaspillage de forces qui défie le système américain ou soviétique, ou n'importe quel système, de réaliser, pour les peuples de la terre, l'abondance et le bonheur véritables . . .
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> Le monde sous les armes . . . dépense la sueur de ses travailleurs, le génie de ses savants, les espérances de ses enfants. Voici ce que coûte un bombardier lourd moderne: une école moderne en briques dans 30 villes. C'est deux centrales électriques, chacune desservant une ville de 60 mille âmes. C'est deux magnifiques hôpitaux bien équipés. C'est quelque 50 milles de grande route bétonnée. Un seul avion de chasse vaut

un demi-million de boisseaux de blé. Un seul destroyer nous coûte les maisons neuves qui auraient pu loger plus de 8,000 personnes... Là n'est pas le sens de la vie. Sous un ciel menaçant, c'est l'humanité suspendue à une croix de fer.

Ce sont les paroles du Général-Président Eisenhower au mois d'avril 1953.

Si un seul bombardier, un seul avion de chasse ou un seul destroyer peut être évalué ainsi, quel sera le coût de la guerre? Si, même pendant la guerre froide "l'humanité est suspendue à une croix de fer," que pouvons-nous attendre d'une guerre atomique de flammes et de fer? La plénitude de la vie telle que nous la connaissons, les accouchements, la maladie, la mort, dans l'ordre normal; les joies et l'innocence de l'enfance, la vigueur brève et la beauté de la jeunesse, les réalisations de l'adulte, la paix et la sagesse de l'âge mûr, tout cela, nos joies musicales et artistiques, la ferveur d'une religion sincère, amour et foyer, tout cela, un moment peut l'effacer.

Et tandis qu'impuissants, nous regardons nos chefs bourdonner et tâtonner dans le mauvais chemin, comme le monde en a déjà tant vu, ne devons-nous pas nous demander ce qu'il y a en nous ou dans notre système qui nous fait élever des hommes stupides, des hommes sans imagination, des hommes sans-coeur, les ineptes, les sots, les opiniâtres, et ceux dont les intérêts personnels priment tout, à des postes de pouvoir et de confiance. Dressez une liste des chefs de tous les pays durant les derniers 50 ans: vous serez étonnées de voir combien d'entre eux auraient dû être dans les hospices d'aliénés, combien en prison, combien peu auraient dû être au pouvoir. Et nous devons ici déplorer le fait que les femmes ont eu si peu d'influence dans la politique mondiale. Les idéalistes d'il y a 50 ans seraient stupéfiés du résultat du suffrage féminin. Lydia Pankhurst et beaucoup d'autres ont consenti à endurer le ridicule, l'emprisonnement, et la persécution afin que les femmes aient voix aux affaires de la nation. Elles entrevoyaient une époque nouvelle où la corruption disparaîtrait de la politique et où l'idéalisme pénétrerait nos parlements. Mais les Eleanor Roosevelt sont peu nombreuses et l'amélioration de la condition humaine, là où elle s'est produite, n'est pas survenue parce que les femmes l'ont réclamée. Elle a eu lieu à cause de la puissance croissante de l'homme de la rue; autrement dit, parce que la démocratie est un procédé de croissance et d'expansion qui peut être ralenti mais qu'on ne peut jamais arrêté.

En effet, il n'y a qu'une sauvegarde contre la terrible possibilité de disparition de notre monde et cette sauvegarde est toute simple et toute indiquée. Qu'est-ce qui a mis les infirmières à même d'établir en un court siècle, un état de service si brillant, si imposant, si vivificateur? Rien d'autre que ce qu'il y a de plus banal, de plus naturel, de plus humain: l'amour. L'infirmière ne demande pas ce qu'est le malade; il peut être complètement perverti et méchant, ou peut-être est-il saint, brillant, et sage, mais l'infirmière n'est ni son juge ni son créateur. Il peut avoir la peau rouge ou blanche, jaune ou noire. Il peut être juif, chrétien, mahométan, bouddhiste, ou athée. L'infirmière ne s'intéresse pas à ces détails: le malade a besoin de ses services et il les reçoit, généreusement, à pleine mesure. Bref, la profession d'infirmière est de la démocratie pratique; c'est la démocratie à l'oeuvre, un exemple vivant de cette vieille parole de l'Evangile: Tu aimeras ton prochain comme toi-même.

Après tout, que voulons-nous dire quand, sur cette terre chrétienne, nous récitons le Symbole des Apôtres: "Je crois en Dieu le Père." Si Dieu est mon père, Il est aussi le Père du noir, du pygmée, et du Polynésien, du Turc et du Coréen, du Russe et du Siamois. Il est le père des hommes. Si Dieu est mon Père, et tous les hommes, mes frères, je devrais aujourd'hui prendre sérieusement à coeur que tandis que moi, je suis nourri, vêtu, et dans l'aisance, dans bien des endroits de cette terre, mon frère meurt de faim.

La réponse à ce problème n'est pas, je vous prie de le croire, les armements et les préparatifs de guerre. Cela, c'est la réponse de Caïn. Seuls la charité,

l'amour, et la fraternité peuvent résoudre ce problème. Même lorsque nous considérons notre ennemi déclaré de l'autre côté de la route, qu'il soit russe, allemand, japonais ou — comme il pourrait le devenir en un clin d'oeil — américain, espagnol, ou scandinave, nous n'avons qu'à dire: "Voici mon frère." Mais combien la façon dont le monde agit ordinairement est différente des leçons de Celui qui nous a dit d'aimer nos ennemis! Sur ce continent, nous avons, aujourd'hui, d'énormes surplus de beurre, de blé, et de conserves de viandes. Nos chefs incompétents et bourdonnants ne savent plus à quel saint se vouer pour s'en débarrasser. L'amour saurait bien qu'en faire. Aussi longtemps que la misère, le dénuement, ou la faim persisteront en quelque endroit du globe, l'amour saura certainement qu'en faire.

Et ne venez pas me dire que l'amour n'a pas de sens pratique. C'est ce qu'il y a de plus pratique et de plus fécond au monde. Ce qu'il y a de plus puissant au monde n'est ni la bombe A ni la bombe H ni la bombe XYZ: c'est *l'amour*. Permettez-moi de prouver mon argument.

Il y a deux siècles une poignée de colons des forêts d'Amérique firent une simple déclaration: "Nous tenons ces vérités comme évidentes en soit: tous les hommes sont créés égaux." Dans ces simples mots se trouvait un pouvoir explosif en comparaison duquel la bombe atomique n'est rien qu'un pétard. Contre la puissance et la majesté de ces mots, contre la foi, la force, et la résistance qu'ils ont inspirées, tout le pouvoir de la Grande-Bretagne, déjà maîtresse des mers, dotée d'armées professionnelles, renforcée par des industries vigoureuses, soutenue par une force financière gigantesque, s'est écrasé en vain.

Ceci déclencha une série de répercussions comme le monde n'en avait jamais vu. Vingt ans plus tard, ces simples mots s'épanouissaient jusqu'à devenir le mot d'ordre de la Révolution Française: liberté, égalité, fraternité. Durant tout le 19ième siècle et même jusqu'à nos jours — en Grèce, en Pologne, en Italie, en Tchécoslovaquie, en Russie, au Mexique et en Amérique du Sud, en Espagne, en Birmanie, et aux Indes, en Chine, en Indo-Chine et aux Indes néerlandaises, en Egypte — de révolution en révolution, on affirma que tous les hommes sont frères dans la paternité de Dieu. De bonne heure, cette vaste émancipation de l'homme rejaillit sur les Etats-Unis aux-mêmes en libérant les Noirs.

Bien entendu, la contrerévolution survint et nous avons eu Napoléon, Mussolini, Hitler, Stalin, Franco, Perón, et bien d'autres qui ont détourné les buts de l'homme de la rue et lui ont escroqué les libertés qu'il avait chèrement acquises. Du reste, l'ennemi est parmi nous; je l'ai moi-même entendu déclarer que notre économie domestique s'améliore à l'heure actuelle parce que le chômage augmente. Toutefois, le monde est un endroit plus habitable qu'il ne l'était il y a deux siècles et nous avons les Nations Unies et une fraction infinitésimale du superflu des nations fortunées sert à construire une existence plus aisée parmi les malheureux. Il y a deux siècles, il fallait un esprit solide et une foi miraculeuse pour dire ces mots qu'aujourd'hui les faits nous permettent de répéter:

En dépit de tout, en dépit de tout,
Le jour viendra, en dépit de tout,
Où les hommes, tout autour du monde,
Seront frères, en dépit de tout.

Durant ces deux siècles, nous avons vu, en dépit de beaucoup de revers, de difficultés, et d'entraves, la portion démocratique de la terre s'étendre avec une rapidité stupéfiante. La lumière chasse les ténèbres; et nous pouvons attendre à ce que, au cours du prochain siècle, la lampe de Florence Nightingale brille dans les coins les plus reculés de la terre.

Car il est de toute évidence que la profession d'infirmière est la fille de la Démocratie elle-même. Là où la fraternité n'est pas un idéal conscient, la profession d'infirmière ne peut exister. La tyrannie ne s'intéresse nullement au bien-être humain. L'autocratie ne s'occupa pas de la santé des masses. Les gouvernements totalitaires de toutes sortes peuvent bien désirer plus de chair à canon, mais ce n'est que dans les démocraties que la vie

humaine est de quelque prix et ne se gaspille pas sans souci. Là où personne ne vient contredire la richesse, le rang, et les privilèges, vous ne trouverez pas d'infirmières professionnelles.

Ne vous méprenez pas: l'infirmière n'est pas le seul agent civilisateur dans le monde d'aujourd'hui. L'éducation est une autre fille de la Démocratie qui marche du même pas alerte répartissant ses bienfaits entre amis et ennemis avec la même impartialité. Nous avons déjà vu, et si je ne me trompe pas, il est probable que nous verrons plus de liaison, plus d'effort commun entre l'éducation et la profession d'infirmière.

Et de même que l'esprit libérateur de la Guerre d'Indépendance rejaillit sur les Etats-Unis et finalement affranchit les esclaves, peut-être verrons-nous de même un rejaillissement de cette démocratie éclairée dont l'influence s'étend déjà d'un bout à l'autre de la terre sur ces pays qui sont partiellement démocratiques. Puis-je vous rappeler un petit incident de la vie de Florence Nightingale? Lorsqu'elle pensa entrer elle-même à l'hôpital comme malade, elle exprima le désir d'être non un malade particulier mais au nombre des patients des salles communes. Il est malheureusement encore vrai, même au Canada, que nous traitons quelquefois le portefeuille plutôt que la maladie. Pourtant, il semble évident que le traitement donné soit en rapport avec la maladie et non avec les moyens pécuniers.

Il est aussi vrai qu'il y a des hôpitaux canadiens ne voulant pas de jeunes filles japonaises, de noires, ou de juives comme élèves-infirmières. J'ose prédire que toutes ces idioties disparaîtront d'ici cent ans. Le soleil se lèvera n'en déplaise à ceux qui refusent de le contempler. Dans le sentier ascendant de la Démocratie, en dépit des hommes d'état incompétents, des hommes politiques pervers et de toutes les hordes du mal, nous découvrirons que la bombe atomique elle-même n'est qu'un mirage. Le monde de 2054 sera un monde plus fraternel que celui de 1954; et là, l'infirmière professionnelle aura à jouer un rôle encore plus important que maintenant.

Voilà pour l'ensemble. Nous pouvons peut-être y ajouter quelques détails. J'ai moi-même grandi en un temps et lieu où la journée de travail de 12 heures était normale. Dans la plus grande partie du monde occidental, le jour semble maintenant moitié moins long. La semaine de 40 heures, celle de 35 heures, et la semaine de cinq jours sont maintenant habituelles. Regardant autour de moi avec étonnement, je me demande comment les gens occupent leurs loisirs. Bien entendu, certains se fracassent et se tuent en automobiles. Cependant, les chances de survie calculées à la naissance sont plus fortes que jamais. Et il y a ceux qui passent leurs journées au café. Mais ils font autre chose aussi. Par exemple, la circulation de livres dans les bibliothèques publiques augmente régulièrement et aussi la proportion des étudiants dans les écoles secondaires et les universités. Et les gens consacrent plus de temps et de soins à garder leurs maisons en bon état, à cultiver les jardins, à étudier les arts et à vivre une vie plus saine et plus hygiénique.

L'usage que les infirmières feront de loisirs accrus, on peut le prédire sans crainte. Il dépendra des qualités mêmes de celles qui sont attirées par la profession. Libérées jusqu'à un certain point de tyranniques maux de pieds et des heures de travail écrasantes, elles s'intéresseront plus vivement et plus intelligemment à leur tâche. Elles remarqueront ce que l'infirmière surchargée de travail des années passées aux sens trop émoussés par la fatigue ne remarquait pas. Leurs observations seront plus précieuses que jamais à l'art de guérir et au monde en général.

Dans le passé, le monde s'est souvent trouvé plus près de résoudre ses problèmes qu'on se l'imagine à l'époque. Miss Nightingale avait remarqué qu'un plus grand pourcentage de malades était tué par la fièvre puerpérale dans les grands hôpitaux que dans les petits. Elle recommanda donc des chambres particulières pour les cas de maternité. La théorie des bacilles porteurs de maladie n'était pas encore née et ses observations soigneusement ap-

puyées par des statistiques auraient pu être un indice. Mais il n'en fut rien. De même, durant la Guerre de Sécession, on remarqua que les malades, mêmes les cas chirurgicaux, recouvraient la santé plus vite et avec moins de risques de mortalité en plein air ou dans les tentes qu'à l'intérieur des hôpitaux. De même, le monde entier savait que l'acide carbolique était précieux mais ignorait pourquoi. De même, nous en savons peut-être assez maintenant pour guérir le cancer et autres maladies affreuses mais la clé nous manque. Quand les infirmières auront les sens moins émoussés par les longues journées et le dur travail, nous pouvons nous attendre à ce que leurs observations soient des plus précieuses et à ce qu'elles apportent un nouvel appui à la lutte vieille comme le monde livrée à la maladie et à la misère.

C'est en effet une lutte, car de même que nous nous adaptons à de nouvelles conditions de vie, ainsi s'adaptent les ennemis microscopiques de l'humanité et des épidémies comme la grippe espagnole qui fit son apparition après la première guerre mondiale peuvent encore balayer la terre.

Les heures de loisir fourniront aussi aux infirmières le temps nécessaire à l'étude et aux travaux de recherche qui les intéressent. Dans les universités, le sentiment général est que l'enseignement et les recherches marchent ensemble pour s'enrichir mutuellement. Il peut se trouver de bons professeurs qui ne s'intéressent pas aux recherches mais ils sont sûrement peu nombreux. De même, je crois que l'avenir constatera que la profession d'infirmière et les travaux de recherche vont ensemble et beaucoup de nos pratiques actuelles sembleront alors aussi barbares et ignorantes que celles du moyen-âge nous le paraissent. L'histoire de leur profession elle-même doit être du plus vif intérêt pour certaines infirmières; et je m'attends à voir écrite avant bien longtemps la biographie de Mary Agnes Snively ou le récit de ce qu'ont accompli les infirmières du Canada. Il y a un livre que je tiens beaucoup à voir écrit: le récit des tâches quotidiennes, des cas d'urgence, des triomphes et des déceptions d'une infirmière régionale dans le Nord canadien.

Je crois que les infirmières feront aussi de grandes contributions à la psychologie. Par tempérament, les femmes sont des psychologues pratiques de premier ordre — comme le savent la plupart des maris! Rare est l'homme qui comprend les femmes et rare la femme qui ne comprend pas les hommes! La profession d'infirmière apporte l'ordre et la discipline aux dons naturels de la femme; et nous pouvons nous attendre à ce que les infirmières fassent du bien au monde de la psychologie, non seulement en s'intéressant aux malades ordinaires mais aussi quand il s'agit du traitement des maladies mentales.

Je puis dire, en passant, que jusqu'ici je n'ai eu que faire des infirmières et j'espère avoir encore moins besoin d'elles dans l'avenir. Il y a, si je puis faire des aveux personnels, un je ne sais quoi dans l'efficacité amidonnée, pleine d'entrain de l'infirmière diplômée qui fait de moi un petit garçon boudeur et complètement désorienté. Je suis confus aussi, honteux même, car mes ancêtres étaient puritains. Je me suis quelquefois demandé si les élèves-infirmières ne pourraient profiter de quelques cours de psychologie pratique afin qu'elles puissent comprendre davantage les malades bouleversés, difficiles, qui refusent de coopérer et qu'elles évitent ainsi, de prime abord, de paralyser la personnalité de chacun.

Je me souviens au cours de la première guerre mondiale d'un grand type carré, sans instruction, l'homme le plus mal embouché que j'aie jamais connu. Il avait été contremaître dans un chantier et il perdit ses jambes à la bataille de Vimy. Quand je lui rendis visite à l'hôpital, ce fut une véritable avalanche de remerciements. Il pouvait me parler *à moi*; mais il ne connaissait aucune langue appropriée aux oreilles des infirmières. Ses perspectives d'avenir étaient bien sombres en effet. Sans jambes, que pouvait un géant comme lui, dont le physique était la raison de vivre? Je me suis demandé alors si les infirmières savaient ou pouvaient deviner ce que je savais, moi,

de cet homme? Car j'avais été avec lui dans les beaux jours et les mauvais, sous le soleil et la pluie, dans les privations, les difficultés, et la détresse; et nous avions côtoyé ensemble les ombres de la mort. Il était prévenant, bon et compatissant, un puissant appui dans les chagrins et le danger et, au moins une fois, il avait sauvé le poste entier de la panique. Est-ce possible, me demandai-je, que les infirmières de cet hôpital ignorent que mon contremaître profane et sans jambes est un des princes de la terre? J'essayai de parler de lui à l'une des infirmières; on m'expédia en vitesse. Je n'étais naturellement qu'un simple soldat, elle était officier; les infirmières militaires étaient très occupées: elles devaient avoir beaucoup plus de travail qu'elles n'en pouvaient accomplir.

Je me suis posé la même question en lisant "Pause," le livre d'Emily Carr. Depuis son séjour dans un hôpital privé, les conditions se sont beaucoup améliorées mais ses infirmières ne connaissaient certainement pas Emily Carr comme nous la connaissons. L'exemple d'Emily Carr est peut-être utile à l'infirmière comme au professeur. Il nous arrive d'oublier notre ligne de conduite et peut-être même nous vengerons-nous de nos contrariétés sur un élève ou sur un malade; mais cette mince satisfaction n'est rien en comparaison de la façon dont ce même élève ou malade peut se venger de nous plus tard. Je connais un petit tyran mesquin de la salle de classe qui, aujourd'hui, doit trembler dans ses bottes, car l'enfant qu'il maltraita honteusement est maintenant l'un des plus brillants hommes de lettres au Canada. Cependant, la sûreté du tyran ne se trouve pas dans sa conduite passée mais bien dans la noblesse véritable du petit garçon qu'il maltraita. Nous devons tous nous rappeler, professeur, infirmière, et autres, que nous pouvons, sans le savoir, avoir un être exceptionnel parmi nous.

Pour revenir à ce que nous disions, les infirmières pourraient certainement contribuer beaucoup à ce qu'on appelle la psychologie humaine. Leur habitude de la discipline leur permettra d'apporter une contribution réelle à la littérature et aux arts. L'un des périls permanents de tout artiste est la sentimentalité; mais l'infirmière qui sait que, pour un travail efficace, la maîtrise de soi est de première nécessité dans sa profession, n'aura que peu de difficulté à atteindre cette sobriété qui est la qualité fondamentale de toute oeuvre d'art. La formation qui consiste à reconnaître l'importance du détail, l'entrainement à bien voir, la compréhension intuitive des autres qui doit devenir l'habitude quotidienne presque inconsciente des vraies infirmières, est pour les arts tout aussi bien que pour la profession d'infirmière, une nécessité fondamentale. Et, juste ici, il me fait plaisir de vous faire connaître une infirmière d'Alberta qui a écrit un des livres les plus intéressants sur la formation des infirmières. Seulement, je ne crois pas que "la lampe soit lourde"* pour la véritable infirmière. Il doit y avoir des moments de lassitude, de déception et de désespoir. C'est une des conditions mêmes de la vie. Mais la foi, l'espérance, et la charité se renouvellent chaque jour dans le coeur de la véritable infirmière et pour elle, c'est toujours le printemps. Comment puis-je savoir ces choses si je n'ai connu que peu d'infirmières? Je réponds avec les pères de la Guerre d'Indépendance: "Certaines vérités sont évidentes en soit." D'ailleurs dans la rue où je demeure, je croise tous les jours beaucoup d'infirmières. J'étudie leurs traits. Elles sont *toutes* belles. C. Q. F. D.

Je regrette de m'être éloigné une fois de plus de mon sujet. Ce que je veux dire, c'est que les infirmières seront responsables dans l'avenir de grands livres et de grandes oeuvres d'art. Et si quelqu'un ici présent veut employer ses loisirs à un ouvrage intéressant, je lui suggère de commencer une bibliographie des livres écrits par des infirmières.

Les infirmières peuvent aussi contribuer à l'histoire locale, surtout des infirmières régionales qui possèdent la confiance du public, qui peuvent entrer dans n'importe quelle maison et y trouver bon accueil. Dans tout le Canada, nous nous détachons de notre

*The Lamp is Heavy de Sheila Russell.

histoire locale. — Les générations à venir ne nous seront pas reconnaissantes d'avoir négligé ces choses qui leur sembleront du plus haut intérêt. Cependant, l'infirmière locale est en contact avec des provisions immenses de connaissances qui disparaissent peu à peu avec ceux qui les possèdent. Ces mêmes connaissances seraient pour l'infirmière elle-même des auxiliaires inestimables dans le traitement des maladies en lui aidant à comprendre l'héritage social, la mentalité, et les dispositions de ses malades.

Et, d'une part, parce que la formation de l'infirmière signifie subjugation, dévouement à une cause et pouvoir de lutter jusqu'au bout, d'autre part, parce que l'infirmière est tout près des problèmes de la vie et de la mort, de la santé et de la maladie à travers les générations, elle pourrait faire de précieux dons à la philosophie.

Occupant ainsi ses loisirs, l'infirmière de l'avenir contribuera non seulement au bien-être du monde mais à son propre enrichissement. Cet enrichissement personnel contribuera à son tour à sa valeur en tant qu'infirmière.

Aussi longtemps que les êtres humains seront de chair et d'os, ils seront tourmentés par des problèmes de toutes sortes; mais, sans crainte, nous pouvons prédire que le monde de demain sera un monde meilleur que le monde d'aujourd'hui. Nous souffrons quelquefois de la nostalgie du passé, des beaux jours gais et romantiques d'autrefois; mais ce point de vue est erroné et ignorant. Le fait est qu'aucune personne vivant au 20ième siècle n'accepterait de vivre un seul mois dans le passé si elle s'y trouvait tout à coup transportée. L'époque où nous devons vivre, c'est l'époque qu'ont préparée nos ancêtres et prédécesseurs et, reconnaissants, nous pouvons, à notre tour, préparer pour l'avenir un monde meilleur. Portant le flambeau du progrès à travers le monde, aidant les hommes à s'entr'aimer, l'infirmière a devant elle un superbe et noble rôle — et elle pourra le jouer. Florence Nightingale et Mary Agnes Snively étaient seulement les premières, en aucune manière les dernières, de leur genre.

Miss Nightingale, Forgive

Miss Nightingale, do you look down
Upon us nurses with a frown
And wonder how your lamp could be so light?
You walked the endless corridors
Of pain and death, which cruel wars
Inflicted on your men with sorry plight.
You raised the standard for us all;
You listened to that steady call
Of duty, and you never faltered once.
Miss Nightingale, you must look down
And find it hard to hide a frown
Upon your sweet and lovely countenance.
When you perceive such nonchalance
Among your flock that you did once
Love and respect and guide with gentle care.
We've let the standard fall, I fear;
We've tarnished what you held so dear;
We pray the damage not beyond repair.
You passed the lamp to us, we know;
You thought we'd keep alive the glow
Which love for humans tenderly ignites.
You hoped to kindle in our hearts
God's love for humans, which imparts
Peace and good will and freedom from all blights.
Dear Florence, we have failed we know
To carry on and keep the glow
Upon the torch which you did throw to us.
Please, will you walk beside us now
And pray for us that yet, somehow,
We'll follow what the golden rule does?
If you will walk with us again,
We'll promise never to refrain
From carrying our lamps, and holding high
The standard you have set for all
The Nightingales who heed the call
To serve humanity until we die.

Maisie P. Downing, Moncton, N.B.

George Bernard Shaw once said, "The only man who behaves sensibly is my tailor; he takes my measure anew every time he sees me, while all others go on with their old measurements and expect them to fit me."

The Management of Burns

A. F. Alvarez, M.B., F.R.C.S.

Burns are common and painful injuries which threaten, not only the survival and future efficiency of the tissues that are directly affected, but also life itself. The severity of a burn is measured in two senses — depth and surface. Various classifications exist, of greater or lesser complexity, which denote the depth to which tissues have been burned. That in most general use, and of greatest practical value, recognizes three degrees of involvement.

The *first degree* corresponds to other mild injuries. There is some reddening of the skin which is tender to the touch. This type of burn is common to us all as it frequently results from overexposure while sunbathing. After a varying period of discomfort the superficial layers of the skin peel off and full recovery is effected without any special treatment.

In the *second degree* burn there is an immediate destruction of a variable part of the skin but the deep layers are not involved so that regeneration will eventually take place in a satisfactory manner without resorting to grafts. If the skin is tested with a sharp needle it will be found that sensation is not totally destroyed. The formation of blisters is characteristic of this stage.

In *third degree* burns the whole skin thickness is consumed, so that grafting will have to be undertaken if the resultant raw areas are to be provided with a satisfactory cover.

All three degrees of burns can, and often do, co-exist in the same patient. Although the early recognition of the exact depth of burning in any one particular area is of great importance, the task is sometimes very difficult to start with and a certain amount of elapsed time may be necessary before being definite on this point. Involvement of deep fat, muscle, tendon or even bone is on the whole uncommon. Such burns may give rise to very difficult local problems but they cannot be discussed further here.

The extent to which the surface area of the body is affected is all important. Any burn involving more than 10 per cent of the body surface should be regarded as a major burn. If 50 per cent or more is involved every effort will be required to save life. The exact estimation of the percentage of damaged skin is not easy but a satisfactory approximation may be reached by using several rough and ready methods of which the "rule of nine" is probably the most readily applicable. This is depicted by the accompanying diagrams which are self explanatory.

Initially, the severity of a burn as expressed in terms of surface is the more important for it affords a definite

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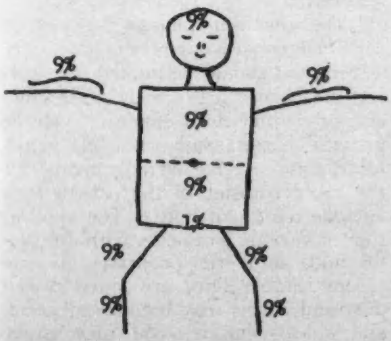

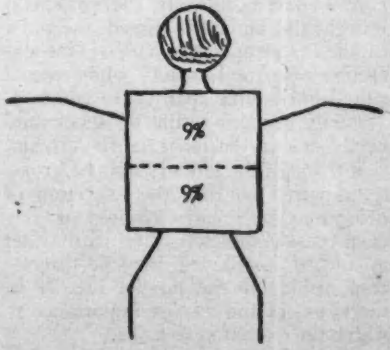

indication as to the extent to which life is endangered. When this phase is overcome, severity in terms of depth is paramount, for by this will be assessed the amount of skin totally destroyed that will have to be replaced if an adequate restoration of function is to be obtained.

Let us now consider the processes that jeopardize the life of the patient suffering from severe burns. These are, in order of their appearance: shock, toxemia, infection, and a delayed process that I shall call "wear and tear."

Shock follows immediately or shortly after the receipt of the injury. Shock has already been studied in an earlier issue of *The Canadian Nurse* (July, 1953) and will be considered no further except for stressing a point of particular importance. In burns the fluid lost through the dilated, paralyzed capillaries is largely plasma. Although some of the solid constituents of the blood are also lost, the restoration of plasma is an important principle in the treatment of shock in the case of burns.

Toxemia may set in within 24 to 48 hours. It results from the altered action of important organs, such as the liver and the kidneys, the cells of which are damaged by the deficient nutrition and oxygenation that goes hand in hand with an impaired circulation. It is possible that poison-like substances are absorbed from the breaking down of tissues in the injured areas and, by their damaging effect, contribute to the picture of toxemia. Products of bacterial action may also play a part. Clinically the patient is unwell, the tongue is furred, the pulse rapid, the temperature raised, the excretion of urine is scanty while mental sluggishness and apathy are common.

Partly as the result of shock and partly due to the toxemia, the circulation through the kidneys may be grossly impaired so that the excretion of urine may be greatly lowered or may even cease completely. Uremia may set in and, if unrelieved, may be directly responsible for the loss of life. It is, therefore, of the utmost importance to watch the excretion of urine.

From the third day onwards the effects of infection may become manifest, mostly in patients whose treatment has been inadequate. Pus may become obvious at the injured areas while pulmonary infections are not infrequent in these patients. The pulse chart remains elevated and the temperature, still raised, begins to show a tendency to "swing."

The process of *wear and tear* becomes apparent during the second week when it is noticed that the patient is somewhat pale and withered in appearance, while loss of weight becomes obvious. This condition is frequently encountered in severe burns even under the best conditions of treatment and is the result of a continuing loss of protein and red blood cells. At this stage fibrous tissue begins to be laid down in quantity in those areas where the skin is totally destroyed. If the provision of an adequate cover is unduly retarded severe contractures and deformities may appear.

Now that we are in a position to judge, with reasonable accuracy, the severity of a burn and can visualize the processes likely to interfere with recovery let us turn our attention to the problems of treatment. It would be advantageous if we keep before us the main principles that underlie this phase of the work:

The management of shock;

The prevention and treatment of infection;

The prevention and treatment of toxemia;

The restitution of lost body constituents;

The restoration of normal skin cover;

The restoration of function.

First aid should be limited to covering the burned areas with sterile towels or with clean linen if sterile material is not available, while at the same time making arrangements for the rapid transfer of the patient to a suitable treatment centre. The application of various ointments with antiseptic and antibiotic properties is not recommended. They are messy, much dust and débris may become adherent, and subsequent removal may prove

difficult. An injection of morphine or some other suitable analgesic is permissible and of benefit.

Shock

In hospital, the extent of the injury is rapidly assessed, suitable temporary dressings are applied, and efforts are directed to the treatment of shock, if present.

The restoration of fluid losses must be considered. It is a good general principle that intravenous fluid therapy is required in every case of burns where 10 per cent more of the body surface is involved. Intravenous administration should be restricted to the first 48 hours following the receipt of the injury, one-third of the total amount which it is calculated will be required being administered in the first 8 hours, the second third in the following 16 hours, and the remaining third in the last 24 hours. The volume required may be reckoned as being 1-1½ litres for each 10 per cent of the body surface that is burned or, more exactly, as 1 millilitre for each kilogram of body weight for each 1 per cent of the body surface that is burned. In any case, the amount of fluid given should not exceed 10 per cent of the body weight.

The nature of the transfusion agent is very important and, as already pointed out, should be principally plasma. In the case of deep burns or in extensive superficial burns many red blood cells are destroyed initially, while those that escape with partial damage will soon perish as a result of hemolysis. It is therefore advisable to give equal amounts of plasma and of blood. There is a tendency at present to use blood alone in the case of severe burns, but such usage has not yet been fully justified.

Electrolytes are also lost, particularly sodium chloride and sodium bicarbonate and must be replaced. The volume of such solutions that is required is equivalent to the volume of blood and plasma being given intravenously, but the former should, if at all possible, be dispensed by the oral route even if an intragastric tube has to be used. Once again great care must be exerted in the administration of intravenous fluids in those cases where there is involvement of the respiratory tract or pulmonary water-logging may easily be induced, with disastrous results. In these instances it is preferable to use concentrated plasma in small amounts. An increased volume of electrolytes should be given by means of an intragastric tube. Water alone should not replace electrolytes in severe burns or a serious condition known as "water intoxication" may result. This complication is characterized by the onset of nausea, vomiting, irritability and even delirium.

Infection

When shock has been overcome and the patient's life is no longer in immediate danger, attention is next turned to the primary local treatment of the burns. It must be remembered that, initially, burns are sterile (much as a needle that is heated in a flame). Every effort should be made to maintain this condition. The patient is transferred to the operating room where a suitable anesthetic is given in order to eliminate painful stimuli which are not only unpleasant but which might intensify any degree of shock that may be present. Under the strictest aseptic conditions the burns are freed from their coverings and washed gently but firmly with normal saline or some suitable, non-irritating antiseptic solution such as cetyltrimethyl ammonium bromide.

It is said that, as the fluid content of blisters is sterile, all that is required in their care is to snip them open so that they can be evacuated. While this is true it must be remembered that the overlying layers of dead skin are not removed. In a few days the surface becomes rather messy and the entrance of infection is invited. It is therefore best to remove blisters by gentle rubbing using moist gauze, care being taken not to induce bleeding.

A variety of treatments is open to the surgeon. The areas may be sprinkled with antibiotic powders, covered with vaseline gauze and an occlusive dressing firmly applied. They may be placed in oxygen or antiseptic-full

bags. They may be covered with dyes. They may be exposed to the free air. They may be primarily excised and grafted. None of these will be discussed here, for local treatment varies with the circumstances of the case and with the preference of the surgeon. Any one of the main recognized methods, however, will yield good results so long as they are applied with skill by someone well versed in the technique adopted.

In the ward the patient is kept under special observation until the general condition has improved to such an extent that loss of life is no longer feared. Initially, hourly pulse, temperature and blood pressure recordings are maintained. Progress being favorable, four-hourly then twelve-hourly recordings will suffice. An accurate intake-output chart must be kept all the time with special watchfulness regarding the output of urine. This should not be less than 25 cc. every hour. Some surgeons recommend the routine passage of a urethral catheter so that the renal function can be watched more closely. The procedure can be objected to on the grounds that even under the best circumstances a catheter is apt to be a problem especially in the case of weak and debilitated patients. It is therefore preferable to reserve this procedure for the very ill or the comatose. In other patients a little intelligent questioning and encouragement will elicit both the information and the result required. Blood volume, hematocrit, and hemoglobin determinations are likely to be required at frequent intervals to start with.

Toxemia

The management of sepsis is based first and foremost upon its prevention. As already pointed out, burns are sterile at their inception and every effort must be made to keep them so. Early admission to hospital and local treatment in a suitable operating room under a full aseptic ritual are essential factors in this respect. Not only should the initial dressing be carried out in the operating room but also all subsequent dressings until such time as an adequate skin cover is present in all of the injured areas. In some specially adapted institutions facilities are available to ensure a minimum of contaminating factors acting on the wounds such as ultraviolet sterilization of the air in the wards with the air changed at frequent intervals; air locks to prevent contaminated air from the dressing rooms passing into the operating room where the patient is next transferred. The above-average results obtained in the treatment of burns in such institutions stress the importance of avoidance of sepsis.

Antibiotic therapy is commenced when the patient is admitted to hospital. Usually penicillin is given systemically as a routine, the intervals between injections varying from three to twelve or more hours. It has been found in recent years that contaminants such as *Proteus vulgaris* and *Pseudomonas pyocyanes,* are much more frequently present than used to be the case. It would appear that their growth is enhanced by penicillin to which they are resistant, for the antibiotic knocks out their susceptible competitors such as the streptococcus and the staphylococcus which would commonly have the upper hand. It is therefore worthwhile to stop the administration of penicillin every fourth day and give some other antibiotic to which such organisms are sensitive (streptomycin, terramycin, etc.,) for two or three days. The cycle is then repeated for as long as the usage of such agents is required. Whenever dressings are changed a bacterial swab should be taken from the injured surfaces in order to ascertain the presence of any adverse organism and their sensitivity to any of the drugs which we have at our disposal for their elimination.

Building up the Patient

When the acute phase is over the stage of "wear and tear" sets in. This may be minimized by small repeated blood transfusions every three to seven days and by the administration of a high caloric diet with a high protein content. If necessary such a diet may be made up in the form of solutions and given by an intragastric tube.

Restoring Skin

In the case of third degree burns the replacement of the destroyed skin is occasionally started at the time of the first dressing, if the circumstances are particularly favorable. This is seldom possible, however, due to the extent of the injuries and/or the poor condition of the patient. Moreover, it is sometimes very difficult to estimate initially which are second degree and which are third degree burns. It is, nevertheless, very important to restore skin at the earliest opportunity not only in order to diminish the time of convalescence and painful dressings, but also to lessen the formation of fibrous tissue, crippling contractures and deformities.

Restoring Function

While favorable conditions for grafting are awaited (usually in the second or third week) the affected parts should be placed in the maximal position of function, that is the position in which, if stiffness supervenes, the maximal usefulness of the part is allowed. Movement of the affected joints, particularly those of the fingers, should be encouraged and practised assiduously, short of causing considerable pain. The help of the physiotherapy department is invaluable in this respect, not to mention its important role in connection with breathing exercises and the guidance of all possible movement in and out of bed that is compatible with the condition of the patient.

Those suffering from severe burns are faced with a prolonged stay in hospital which eventually becomes dreary, monotonous and even disheartening. A bright, encouraging attitude and suitable occupational therapy will help greatly in overcoming such an unwelcome complication and will play no small part in the early and happy rehabilitation of the patient.

In the Good Old Days

(*The Canadian Nurse* — September 1914)

"In Canada there are two training schools for army medical nurses, one at Halifax, the other at Kingston. There are 90 nurses connected with the Canadian militia. These nurses receive the title of lieutenant. They are the only ones in the world to receive this honor. The permanent service nurses receive a salary of $1,219 per annum, the matron receiving $1,439. An active service nurse is paid $2.00 per day and an army allowance."

* * *

"When war seemed inevitable, Miss Jean Gunn, secretary of the National Association, immediately set to work to get nurses enrolled for service in case of need. Every provincial association was notified of this action and in a very short time a large number of requests for enrollment have been received."

* * *

"One of the best tests of finesse in nursing is found in the skillful managing of the highly nervous and extremely 'fussy' type of feminine patients. They are most difficult to manage and are exceedingly trying to nurse. We must restore their self-respect and not allow them to become like spoiled children."

* * *

"If I were to try to analyze the ideal nurse, at the very top of the list of qualities I should like her to possess would be the plain, everyday quality of being kind. One of the first things a nurse must learn, if she is to be successful in the truest sense of the word, is to spell SELF with a tiny s. This is perhaps the hardest lesson she has to learn."

A soldier with a wart on the sole of one of his feet wanted to march in a special parade. As a stop-gap aid, the wart was injected with the pain-killing drug, novocain. The soldier marched—but then surprisingly, in a few days the wart disappeared entirely. Tried out on other persons, novocain almost always put an end to warts.

— SIS: Medical Features

A good listener is not only popular everywhere but after a while he knows something.

— Wilson Mizner

Institutional Nursing

Orientation Program

LINDA LONG

BEFORE CONSIDERING AN *orientation program* as it applies to student nurses, it is essential to establish what we mean by this phrase. Webster defines orientation as: "determination or sense of one's position with relation to environment or to some particular person, field of knowledge, etc." This would include the individual's adjustment to all the situations that she meets in life. The personality of an individual is molded by the way in which she adjusts to these various situations.

The greatest need that we have in life, apart from food, is for security. We have only to witness the contentment of an infant in the security of its mother's arms or, following throughout the various stages of growth and development from infancy to adulthood, the dependency placed upon a mother's understanding and guidance, as we make the necessary adjustments to the continually changing environment about us. A good adjustment to our environment is necessary before we can give the best to the society of which we are a responsible member, or for us to get the most from living within that society.

Everyone has experienced periods during which we felt insecure, became anxious, frustrated and looked to someone for reassurance and guidance or, failing this, used some other mechanism to relieve our feelings. Insecurity is created by the poor adjustments we make to difficulties that may arise because we have not had sufficient preparation or guidance in how to handle problems. Think back to your very first day at school. Can you remember any feelings of unhappiness in trying to adjust to the confining routine or in your association with large numbers of children? If you were satisfactorily prepared for it beforehand, the adjustment probably was not too difficult. The attitude your parents took toward this, your first great adventure in life, would determine whether you were immediately happy or scared out of your wits.

That was the beginning. The consistent and wise guidance given through the years by understanding parents and teachers, the discussions of your plans to enter the career of your choice, form the foundation upon which every individual can learn to meet new situations with confidence and decision.

Before we can establish any orientation program we must concern ourselves with the human values which are the foundation of our whole society. We must recognize every person's basic rights as a human being realizing that each student nurse has a distinct personality, the uniqueness of which we must respect. Our concern lies in helping this young woman to develop dignity and accept her share of the responsibility as a member of society.

The initial orientation of the new preclinical student should attempt to bridge the abrupt change from the familiar home environment to that of of a strange nursing school. Our objective should be to make her feel that she is living in a friendly, helpful environment where she can learn much and at the same time make her own individual contributions. The success of the program is dependent on the faculty members realizing the values of the right kind of orientation which will assist the student nurse to make a good adjustment to new situations on a personal, social and professional

Miss Long is nursing arts instructor at the General Hospital, Yorkton, Sask.

basis. These values are only obtainable by a clear understanding of the kind of help that should be given to the individual student in order to facilitate her complete development.

One of the main reasons for a personal interview with a prospective student is to help the interviewer determine if this young woman possesses in her personality the potentialities that are necessary qualifications for a good nurse and which, through a well planned guidance program can be developed satisfactorily. This planned guidance should follow the student throughout her training. She will then learn to make the necessary adjustments to every new situation. Such adjustments are essential for the complete development of all her potentialities — social and professional. They accent the importance of gracious and courteous behavior at all times.

During the preliminary term the student has many problems and is in need of many types of direction. She may be unsure of her place in the school, to whom she is responsible and for what. She may find it difficult to join with her colleagues in social activities; to make conversation with patients or to discuss problems that arise in the care of patients with supervisors or head nurses; to ask or answer questions of the doctors. She may sense acutely the strangeness not only in the hospital environment, but in the whole community of which she is a new member. It is necessary that we help her to get a thorough understanding of what is required of her in the school and give her an adequate introduction to the hospital community so that she may make an early adjustment. Then, and then only, will she obtain the most from her first professional experiences. These are, after all, the basis for her future development. This we can do by including in our plan of orientation such things as:

A conference a few days prior to enrolment in the school. This might be conducted by one of the instructors or someone designated by the superintendent of nurses. A tour of the hospital and introductions to some of the personnel, with time for the student to converse with some of them, should be included in this conference. She should be shown the library and instructed in how to use it. Tours might be planned by the student body to places of interest in the community. Information regarding the social, cultural and recreational opportunities that are available would form a valuable part of this orientation.

Social functions planned by the students to get better acquainted with each other and with members of the educational staff — both those she will meet in the classrooms and on the wards.

Individual conferences with faculty members which will give the student a personal contact and help her solve her own specific problems. Counselling given at this time requires skill and a sound understanding of the individual personality, if we are to make the right diagnosis of the student's real difficulties.

After classes have started, but before the beginning of ward practice, a much more thorough tour of the hospital should be made, when the instructor will point out the functions and administration of the various units.

The responsibilities of all staff members, including the responsibility of the student, should be discussed.

Psychological tests should be done with the aim of helping the student to know herself better. If she becomes aware of her own shortcomings and potentialities, she should, with help, make a better professional and social adjustment.

A review of the school life should be made by the instructor, touching upon the many different phases — religious, professional and social — and the participation expected of each student.

The second phase of the orientation program should begin when students are about to enter the clinical divisions. It is in these services that they receive the practical part of their training. With proper orientation not only does the student benefit but so do many others. The student can give better nursing care because she is equipped to develop more self-confidence, is less frightened and can adjust more readily to new situations.

Time is saved in the long run even though it might appear on the surface that too much time is being spent in orientation. Better nursing care is assured from the beginning because the student knows more about the ward facilities. The patient too is more confident in the nurse who knows where to locate her supplies and how to get things done.

The morale of the whole staff is improved. The student is not always asking questions as to the where and the how of her various duties. Graduate nurses become less irritated because instead of carrying the whole nursing load on ward change day the student, being familiar with her duties and patients, can do her share in nursing care. The attitude on the ward is better and more favorable impressions are created. We all know that a first impression is usually a lasting one. An active orientation program is not limited merely to showing the student where things are kept but includes providing her with a good working knowledge of the routine of the ward, procedures, standing orders and other pertinent details. It is time-consuming, but in the long run it is a good investment of time.

The purposes of an orientation program in the clinical field are many. It gives the supervisor an overall picture of the unit working as a whole. It facilitates adjustment of the individual to the situation, giving her a feeling of "belonging" and developing a sense of loyalty. The student is well aware of the time and consideration being devoted to her. Her response is to try to become more efficient that she may the more quickly eliminate the slow, frustrating trial and error method. By capitalizing on the value of first impressions the welcome to the floor is warmer. She has an opportunity to become familiar with the new situation and gets the feeling that this is a good place to work. A planned program eliminates the mistakes that are so apt to occur if the nurse has to learn by herself.

There are some factors that should be known about the student before she can be oriented on a new ward.

What is the level of her experience? How new is she to nursing? What type of work has she done previously? What are her needs? Has she been in this department before? Did she miss the orientation to the ward by being posted on a day other than the regular ward change day? What information has been made available about this student before she arrives on the ward?

There is always some question as to how much information should be made available to the head nurse or the supervisor. If the information is used to help the student, then access to the confidential file will enable the graduate staff to know more about this student and thus be able to help her more. A word of warning! The supervisor should not allow herself to be influenced by gossip that she might hear from other graduates, students or supervisors. It is unfair to the student.

A question naturally arises as to who is going to carry on this broad program of orientation. Who ever it is, she must have a clear knowledge of the situation into which the student is going. The clinical supervisor has an over-all picture of the department but because her time may be divided between many wards she is unable to spend as much time working with the student as can the head nurse. The head nurse gets to know the student, her reactions and various interests. By working with the learner, the head nurse can understand her problems and help her in her difficulties. The student feels confidence in the head nurse because she is always there ready to help. The senior student on the ward can also contribute considerably by answering questions, of which there will be many, because the young beginner feels less embarrassment in talking to her than to anyone else.

When is the best time for the orientation to take place? A good orientation program functioning throughout the preliminary term makes for a better adjusted student in the clinical fields. Conferences, lasting for at least one hour, on a day previous to the posting will eliminate some of the feelings of hesitancy that a student experiences when going to a new ward.

If it is impossible to hold a conference of this length on one day it could be broken into two shorter sessions. This would actually be more beneficial. It is a poor policy to have the orientation program on the same day as the ward changes because everyone is too busy. It is best to have the student, if possible, work with a more experienced nurse on the ward. An important part of the orientation program is to introduce the use of reference material. The student should be shown where it can be found and how it can be used to the greatest advantage. Examples of reference material are:

Policy book with the rules and regulations of the ward; doctors' standing orders as they pertain to treatment of specific cases; temperature book; kardex.

Ward library, familiarizing the students with the reference textbooks. Books that should be included are: anatomy and physiology, pharmacology, surgical and medical nursing, dictionaries — both medical and English.

Ward manual book which contains such things as the plans of the particular floor, important departments in the hospital and the list of the persons in charge. It might also contain the list of the people in that department with their duties listed; the rules and regulations for the admission and the discharge of a patient; schedules and duties of the various shifts, e.g., night shift; routine for visitors; routine in the care of a patient; sample chart with the procedures charted correctly; requisitions properly filled out; tests and their preparation (just those tests used on the floor).

Procedure book.

What should be considered in the educational plan for the individual student in any specific department? First, every student should keep a record of her practical work, so that she is aware of any procedures she has not practised or treatments she has not carried out. Second, careful study should be made of the experiences that the student is getting. The head nurse should be aware of the types of cases and check to see that unnecessary duplication is eliminated. Conferences should be arranged (individual and group) to insure that all the students gain full knowledge about particular illnesses and also to discuss questions that are raised about specific patients being cared for by one of the group. Case studies are a means of understanding not only the condition, but the patient as a whole, the factors that have contributed to his illness and the problems of rehabilitation. Students should do at least one case study in each of the departments. A review of the nursing procedures peculiar to that service should be included in one of the conferences. Much teaching can be given to the individual student at the bedside. She can be helped in the organization and execution of her work.

An efficiency record should be kept for each student including anecdotal records of her adjustment to the ward. These will be most valuable to the supervisor or the head nurse when having individual conferences with the student.

The orientation program does not stop at the wards nor deal only with the professional development. It must take into consideration the personal and social development too. We are dealing with a human being, who is a member of our society and has certain contributions to make here as well as to the nursing profession. Encourage the student to take part in community activities. Help her to seek friends outside of the profession as well as within it. Many find it difficult to make friends and need help to overcome this obstacle. Stimulate and encourage an active interest in art, literature, music and other cultures. All these will make for a well rounded personality. Such a nurse will be in a position to give most to society wherever her future may lead her.

A good many young writers make the mistake of enclosing a stamped self-addressed envelope, big enough for the manuscript to come back in. This is too much of a temptation to the editor.

—"RING" LARDNER

Public Health Nursing

A Nurse among the Indians

OLIVETTE GRONDIN

IN RECENT YEARS the National Department of Health and Welfare, Indian Affairs Section, has organized a vast program of health education and nursing service for the Indians and Eskimos of Canada. They are spending millions of dollars every year, building hospitals, nursing stations and dispensaries, and employing many nurses to give medical assistance, teach hygiene and prevention of disease, visit the schools and help the Indians in many ways.

I am in charge of the nursing in the Maniwaki and Barriere Reservations. The first Reservation is situated approximately two miles from Maniwaki, Quebec, which celebrated its centenary in 1951. The town is built at the junction of the Gatineau and Desert rivers, 90 miles north of Ottawa. It has a population of 6,000 French and English people. This is a logging centre, known far and wide as a sportsman's paradise on account of the countless lakes and rivers teeming with fish. In the fall, thousands of tourists come to our district to hunt deer and moose. The Indians, with their thorough knowledge of the forest, act as guides for the hunters and fishermen.

The Indians living on the Maniwaki Reservation are Algonquins. Their total population is only about 700. The Health Centre is on the Reserve. I spend a few hours there every morning to receive the patients, the telephone calls and make appointments with our part-time doctor for patients who have to be examined by him. In the afternoon I make home visits. It is impossible to organize clinics because of the long distances involved. Most of the families have no means of transportation. Every second year we have chest x-ray clinics for all of them, and the suspicious cases are examined by our doctor as many times as may be required. Buses are chartered to get all the people up to the clinic and home again.

The roads on the reserve are open all year and I travel about by car. My time during these home visits is largely devoted to giving inoculations and vaccinating. Prenatal and post-natal care is part of my program as are visits to schools once a month. I try to visit all of the patients who have called me during the morning because they may require immediate attention. I make a brief examination and give them the necessary treatments when possible. If their condition warrants examination by the doctor or hospital care, I drive them to the town. I also answer emergency calls at any time, day or night, Sundays as well as week days.

Proud parents showing off their baby.

Miss Grondin is public health nurse to the Indians at Maniwaki, Que.

In the summer season I organize first aid courses for the adults. These courses have been enthusiastically received by Indians of both sexes who have been very assiduous in following these sessions. They have shown great dexterity in performing the various treatments I have demonstrated to them.

Their way of life resembles very much that of the white people. Each Indian has a lot of his own where he builds a comfortable house. Some of them cultivate small farms and most of the families have a garden. On some of the lots there is enough wood for their own use but failing this they can cut some on the "Band Lot."

I am also nurse in charge of another reservation called Barriere Band comprising 182 members situated 100 miles north of Maniwaki. They are also Algonquins but their way of life is much more primitive than that of the Indians on the Maniwaki Reservation. They are nomads who travel extensively throughout LaVerendrye Park. In the hunting and fishing seasons they act as guides for tourists. Seven years ago they all lived at a place called Barriere, where there is a dam on the northern part of Rapids Lake. This gave the name to the Band. When a lodge was built at the southern end of Rapids Lake, more than half of them moved down there to take care of the tourist business. The Department erected its health centre at Rapids Lake which has become the rendezvous of all that band. The Roman Catholic missionaries built a chapel there and the Hudson's Bay Company moved its store to that point. Last year, the Education Section of the Department of Indians' Affairs built a summer school.

In the winter, for at least two months, the Indians leave their shacks at Rapids Lake and Barriere and go out in the wood to trap fur-bearing animals of all kinds. Every member of the family follows and they often travel considerable distances on their trap lines which means that they have to live under tents. For part of the distance, they try to get a ride with trucks travelling on roads built by the logging companies, but they always have to use their sleigh dogs for the eight or ten miles to the point where they set up their tents. The women and children remain there but the men will often travel more than 30 miles in a day with their dogs and snow-shoes to visit their traps.

School work is part of the program.

Since the Department built its Health Centre at Rapids Lake, I make periodic visits to these Indians, but my longest stay there is in summer when the Mission is on. It is possible for me to organize clinics for vaccination and inoculation due to the fact that the Indians are close to the dispensary. It is also possible to do chest x-rays every second year. If a woman is expecting I may stay there a few days to be available when the time of delivery comes. In most cases they do not even call for help; a neighbor will assist the mother. If there is anything wrong, they call me and I go up with our part-time doctor who is the same one as for the Maniwaki reserve. In summer I always try to show movies as a form of health education. With such primitive people, we get much better results if we show them pictures of what we are trying to explain to them.

In winter, emergency calls present quite a problem. I travel by car as far as the logging company roads go, usually a distance of 125 miles. There I meet the Indians who have called me and ride on their dog-sleds or, if I prefer, my skis, to get to the tent. If the condition of the patient is not too serious I give him the necessary treatments which often means that I have to remain there for a few days. I carry a sleeping bag in my car and I can always find a room at the cabin of

an employee at the lumber camps. If I need the doctor's advice I call him from one of the offices and execute his orders. I have to treat many of the patients on the spot because it is very hard to convince them that they should go to hospital. If their condition is really serious I often succeed in bringing them down. As the first nurse to these Indians — I came here on October 26, 1947 — I am beginning to see results, specially in the reduction of infant mortality. There is also a marked improvement in their way of living.

For the past few years, Indians of all reservations have received BCG vaccine and tests. Statistics show that tuberculosis has been reduced by one percent. In general, the Indians have shown great cooperation in this field of preventive medicine and I am very glad to say that now all the families are ready to accept inoculation.

In Memoriam

Marion Elizabeth (Aitchison) Craig, who graduated from the Royal Victoria Hospital, Montreal, in 1950, died suddenly at Montreal on July 4, 1954. Mrs. Craig had been employed on the staff at R.V.H. for three years following graduation.

* * *

Isobel W. Evans, a native of Toronto who graduated from City Hospital, Geneva, N.Y., died at Toronto in May, 1954 at the age of 89. Miss Evans received several decorations for her service with British army nursing units during World War I. She retired from active work in 1938.

* * *

Mary (Hardy) Hickman, who graduated from old St. Luke's Hospital, Ottawa, in 1906, died at Ottawa on June 23, 1954 after a lengthy illness.

* * *

M. Meta Hodge, who graduated from the Winnipeg General Hospital in 1916, died at Victoria, B.C. on June 19, 1954. Miss Hodge served overseas with the C.A.M.C. during World War I. On her return to Canada she took a very active part in organizing the work of the Junior Red Cross. During the past few years she had done much to assist elderly people.

* * *

Jean Marjorie (McLeod) Hutton, a member of the staff at the General Hospital, Kincardine, Ont., died there suddenly on May 15, 1954, at the age of 45. Mrs. Hutton had left nursing when she married but returned to active duty several years ago following the death of her husband.

* * *

Mary E. Kiemele died on June 17, 1954 following a motor accident near Niagara Falls, Ont. A public health nurse, Miss Kiemele was 49 years of age.

* * *

Patricia Murray, who graduated from Victoria Hospital, London, Ont., in 1899, died at Petrolia, Ont. on May 18, 1954, at the age of 83.

* * *

Mary Alice Olds, who graduated from the Toronto General Hospital in 1915, died at Edmonton on June 7, 1954, at the age of 66, after a lengthy illness. Following graduation, Miss Olds went on the staff of Children's Hospital, Winnipeg. She moved to the University Hospital, Edmonton, in 1929 and had retired from there a year ago.

* * *

Isabella Victoria Ramsay died at Hamilton, Ont. on June 10, 1954. Following her training in New York City, Miss Ramsay served with the Henry Street Settlement until the beginning of World War I. She served overseas in England, France and Germany. On her return to Canada she joined the staff of the Department of Health in Hamilton.

* * *

Amelia Jane (Greer) Seeley, a graduate of the General Hospital, Kingston, Ont., died at Calgary on June 29, 1954. Mrs. Seeley went overseas as a nursing sister in World War I.

It is necessary to the happiness of man that he be mentally faithful to himself.

— THOS. PAINE

Industrial Nursing

Organizing a Health Centre

ROLLANDE MARTEL

I SHALL OUTLINE SOME essential points in planning, organizing and operating a health centre in an industrial organization. A practical way to do this is to point out the different types of programs used in the organization with which I am most familiar.

The basic factors involved in planning and operating a health centre are usually subject to variations in accordance with the requirements of different industries. The factors are:

Company policies and programs to be followed in the health centre; location and area; equipment; medical department personnel; records.

POLICIES AND PROGRAM

The extent of the medical services that a company wishes to give its employees may vary from a first aid kit to an extensive medical department which provides the worker with emergency treatment in illness or injury, and also gives pre-employment as well as periodic and special physical examinations, x-ray, laboratory tests, health education and social services. This policy is formed by the company, or its medical director, or a combination of the two. It is obvious that the nursing staff should be completely informed as to the extent of the policy. For instance, at Canadair we are following a ten-point program:

Particularly planned medical service for aircraft workers with special attention to all flying personnel.

A qualified nursing staff under the direction and supervision of a medical director.

Specially organized emergency dispensary and hospital facilities.

Periodic and special physical examinations; annual chest x-ray survey.

Treatment of all industrial injuries and occupational diseases.

First aid and advisory services for employees suffering from non-industrial injuries and illness while on duty. In cases where further professional care is required, employees are referred to their own physician.

Medical records — kept in health centre under responsible supervision.

Ethical cooperation with family physicians.

Coordination with the Industrial Relations Department and the Safety Department.

Direct contact is kept with plant management.

LOCATION AND AREA ALLOTTED

The selection of a location for a health centre is influenced by the need for prompt action in emergencies. It is important in the efficient treatment of minor cases. If possible, the health centre should be located in an area easily accessible to all workers. Other very important requirements are good ventilation, heating facilities, good lighting and water supply, absence of noise, dust, dirt, etc.

Adequate floor space should be provided. A one-room medical unit may be sufficient in certain plants, while in others medical authorities recommend a minimum of three rooms: a treatment room, examination room and waiting room. This arrangement permits adequate space for handling ill and injured workers, speeds the work of the attendants, and provides privacy.

A point to be remembered is that the space allotted for a health centre depends upon the extent of the medical program, the type of industry, the number of workers, the hazards, and also the personnel necessary for proper medical and nursing care.

Mrs. Martel is supervisor of nurses at Canadair, Ltd., Cartierville, Que.

Equipment

A health centre does not always require elaborate equipment but it does need sufficient working material to assure adequate care for both emergency and follow-up cases. Our health centre, at Canadair, established to provide first aid and medical care to a large number of aircraft workers, flying personnel and office employees is furnished with such additional equipment as a therapeutic lamp, autoclaves, pharmacy equipment, scales, x-ray, artificial respirator, electrocardiograph machine and ambulance service.

All of these were selected by our medical director in conjunction with management.

Medical and Nursing Personnel

Generally the medical director selects the personnel and assumes the complete direction of the health centre. It is common practice with most companies for the staff of the health centre to report to and work in close cooperation with the Personnel Department.

It is a universally recognized fact that a capable and well trained nursing staff is essential to the success of any health centre. The following qualifications are required:

Graduate Registered Nurse.

Pleasing personality.

General and industrial nursing experience.

Satisfactory appearance—good health.

Efficiency, dependability, tact, and, in this province, ability to speak and understand both English and French.

Ability to work with and understand people.

Where possible, special training, including public health, surgical nursing and clinical experience.

Records

In order to conduct an effective service, complete and detailed records are essential. They are needed in the handling of compensation cases, and in the control of industrial health problems such as occupational diseases, absenteeism and fatigue.

No standard forms have been generally adopted for individual use. Usually, they are selected by the company in accordance with the need. Following is a list of forms which supply adequate records; they are classified in three groups:

Examination forms;

Medical department report which includes daily visits, monthly and annual record of services;

Miscellaneous forms, such as accident report to Safety Department, leave of absence for sickness, etc.

I hope that I have conveyed at least a partial picture of the operation of a health centre in a large industrial company.

Democratic Leadership

K. S. Beam has this to say about a democratic leader:

1. He is more concerned with discovering the ideas of the group than in "putting over" his own ideas.

2. When he does submit a proposal of his own, he sincerely desires and requests the criticisms and suggestions of the group, because he knows that plans developed by the group are usually far better than plans developed by one individual.

3. He also is aware of the fact that people will work much harder to carry out a plan they have helped develop than one promoted by one person or a small clique.

4. He cultivates skill in leading discussion, in securing the participation of as many members as possible, and in combining the ideas of many into a statement acceptable to the group.

5. He insists on having all the facts before a decision is made.

6. He has a great respect for the advice of experts and calls on them whenever possible.

7. He also has great respect for the opinions of local residents, businessmen and housewives, who usually know their communities and their needs better than the experts.

Aux Infirmières Canadiennes-Françaises

Un Stage au Sanatorium

MADELEINE PREVOST ET CARMEN MATTE

NOUS APPRENIONS QU'UN STAGE en tuberculose nous était offert au Sanatorium St-Joseph de Rosemont. Les réactions furent minimes d'abord, nous croyions qu'il ne s'agissait que d'une rumeur. Bientôt notre directrice nous mit au courant du projet et nous laissa libres d'accepter ou non. Vraiment nous étions un peu perplexes et elle dut répondre à de nombreuses questions. Après quelques hésitations, nous décidions de bénéficier de ce nouveau champ d'expérience.

Nous sommes donc au Sanatorium. Un programme d'orientation des plus intéressant ouvre le stage. La première entrevue avec la directrice du nursing a pour but de nous expliquer l'organisation et l'administration de l'hôpital ainsi que la hiérarchie du personnel. Elle nous remet en même temps le "Guide à l'usage des affiliées." Vient ensuite la visite de l'hôpital. Dans chaque département, les explications données stimulent notre intérêt et font disparaître les uns après les autres nos préjugés au sujet de cette maladie. Une visite au laboratoire nous permet d'observer les examens bactériologiques employés comme moyen de diagnostic en tuberculose ainsi que des autopsies de cobayes inoculés. De plus nous avons l'avantage de visiter l'Institut Lavoisier, laboratoire de physiologie cardio-pulmonaire, où médecins, chimistes et techniciens nous entretiennent sur les différents examens et le fonctionnement des appareils. Cette visite est pour nous un véritable cours de physique et de chimie.

Le programme d'orientation comprend aussi une série de cours pratiques qui contribueront à rendre plus intéressante notre expérience auprès des malades tout en nous permettant de leur prodiguer de meilleurs soins. Des conférences données par le psychologue, sur la psychologie des tuberculeux, nous aident à mieux comprendre le scheme d'anxiété spécifique à la tuberculose et l'influence bienfaisante que peut exercer sur ces malades une infirmière compétente et compréhensive. Une institutrice nous fait connaître les procédés techniques propres à éviter la contamination du personnel en contact avec des tuberculeux, les causes prédisposantes à cette maladie, les moyens de la prévenir et de lutter contre elle. On insiste sur l'importance de l'éducation du patient durant toute son hospitalisation ce qui constitue une des tâches essentielles de l'infirmière en tuberculose.

Et que dire de notre entrevue avec la directrice du service médico-social. Elle nous explique le but et l'organisation de ce service ainsi que la collaboration précieuse que peut y apporter une infirmière avertie. Cette causerie ainsi que les conférences données d'une façon si pratique par Mlle G. Badeaux, infirmière hygiéniste aux services antituberculeux de la province, nous ont fait réaliser toutes les conséquences sociales que pouvait entraîner une telle maladie.

Après ces trois premiers jours que nous nous plaisons à appeler "notre petite probation" il n'y a plus de place pour l'appréhension que nous avons souvent ressentie au début d'un nouveau stage. Grâce à la préparation reçue et à la bonne organisation des départements, l'adaptation est facile et nous nous sentons en sécurité pour donner de meilleurs soins à nos malades.

En médecine nous travaillons en collaboration avec des aides-malades sous

Impressions de deux étudiantes de l'Hôpital Général de la Miséricorde, Montréal.

la surveillance d'une infirmière licenciée. Le travail des aides dont les fonctions sont bien déterminées nous permet de donner plus de temps à nos malades et par conséquent de faire une éducation adéquate sous la direction d'un infirmière. L'enseignement individuel et collectif donné chaque jour par l'institutrice clinique nous aide à appliquer les connaissances acquises en classe en nous apprenant les soins et l'éducation que requiert chaque cas particulier. Ces cours nous font comprendre toute l'importance d'un bon nursing en tuberculose. Les cliniques et les cours pratiques donnés par les médecins de service sur le traitement moderne de la tuberculose contribuent aussi à stimuler notre intérêt et pour une large part à nous faire bénéficier davantage d'expérience.

Le deuxième mois du stage se passe en chirurgie pulmonaire. Chaque étudiante travaille avec une infirmière licenciée qui l'initie aux soins pré et post opératoires donnés dans cette spécialité. Les cliniques en nursing et les démonstrations données chaque jour par l'hospitalière ainsi que l'assistance aux séances de physiothérapie complètent l'enseignement individuel. L'étudiante acquiert en même temps une expérience complète, elle prépare son patient pour l'intervention chirurgicale à laquelle elle assiste; donne les soins post-opératoires immédiats à la salle de réveil et au département sous la surveillance d'une infirmière licenciée.

Nous avons bien apprécié ce stage qui nous a valu une riche expérience en chirurgie pulmonaire.

Grâce à ces deux mois au Sanatorium, nous sommes convaincues de l'importance d'un bon nursing en tuberculose et par conséquent de la nécessité de préparer un plus grand nombre d'infirmières pour cette spécialité.

Nous connaissons maintenant la part de responsabilités qui nous incombent dans la prévention et le contrôle de cette maladie qui fait encore tant de victimes dans notre province. L'expérience et les connaissances acquises durant ce stage nous permettront de collaborer d'une façon plus efficace à la lutte antituberculeuse.

African Honeyguide Bird Enlisted in Fight Against Tuberculosis

The African greater honeyguide, a distant relative of the North American woodpecker, is being enlisted in the fight against tuberculosis and may provide clues for cracking the wax armor of the tubercle bacillus which makes the white-plague germ immune to most chemical treatments.

The honeyguide, one of the world's most fantastic birds, is one of the two known living creatures that can digest wax, the principal food which it obtains from bees' nests. Dr. Herbert Friedmann, curator of birds at the Smithsonian Institution, Washington, D.C., has arranged to have living specimens of these birds flown in from Africa. They will be studied at the Army Medical Centre in Washington to determine what makes their digestion of wax possible. Either intestinal microorganisms, possibly of some unknown species, or hitherto unknown enzymes are suspected, and if they can be identified they may have a role aiding medication aspects of the treatment of tuberculosis.

Dr. Friedmann has made an intensive study of the extremely curious behavior of the honeyguide in its native haunts. It long has been asserted that when this bird locates a bees' nest, which must be broken open before it can feast on the wax, it deliberately seeks out a human being, attracts his attention by some sort of demonstration, and then "guides" him to the treasure. The man will break open the nest to get the honey; the honeyguide itself is not a honey-eater.

The bird's strange ability to digest wax, Dr. Friedmann says, must have been an evolutionary development over untold generations. The honeyguide is an ancient bird, far antedating man in the African forests.

The only other animal known to digest wax is the "waxworm", the larva of a moth. The wax is broken down to fatty acids by intestinal bacteria.

News and Echoes

from

Your NATIONAL OFFICE

Other groups to join study of nursing mentally ill

IN MORE THAN one phase of medical care, it has been indicated that patients receive more effective treatment when the various services operate as a team. In the care of the mentally ill, where the greatest shortage of nurses and other personnel now exists, this principle of cooperation probably deserves closest attention. And if it gets it in the near future, it will in no small measure be the result of the efforts of the CNA.

Nursing care for the mentally ill has been under study by the CNA for several years. An outstanding result of the recent Banff Biennial Convention was the adoption of the Educational Policy Committee's report on "The Preparation of Nursing Personnel for the Mentally Ill." Along with this report is the finding that the best results in the care of the mentally ill will depend on continuous cooperation with other groups interested in this problem.

As a result of a recommendation arising from the recent convention the way has been paved for the CNA and the newly appointed Nursing Education Committee to cooperate with other groups interested in providing nursing care for the mentally ill. This recommendation states in full:

> That the Canadian Nurses' Association, as an organization, indicates to the Mental Health Division of the Department of National Health and Welfare, to the Canadian Mental Health Association, and any other national groups that may be concerned with this problem, a readiness and desire to cooperate in study of the problem of how to provide better nursing service for the patients in mental hospitals; and that the CNA recommend to the provincial nursing associations that they take similar action on the provincial level.

Another result of this recommendation has been the establishment of a sub-committee of the Nursing Education Committee. The purpose of this sub-committee is to study the psychiatric nursing situation and to meet when necessary with other interested groups.

It is hoped that useful results will come out of these efforts.

New international study to interest all nurses

A virtual treasure-house of information about the various types of advanced nursing education programs conducted in most parts of the world has been issued recently. With the close attention currently being devoted to nursing educational policy in this country, this new study is expected to attract considerable attention among all branches of Canadian nursing.

Prepared by the Florence Nightingale International Foundation, in cooperation with the W.H.O. and the I.C.N., the new publication is called "An International List of Advanced Programs in Nursing Education." It lists detailed information about the number and types of programs for post-basic education of graduate nurses. In addition, it describes clinical and other educational facilities and resources in every country where such facilities exist.

A sequel to this unique study is already in process of publication. Entitled "How to Survey a School of Nursing," it should be of equal significance to the Canadian profession. Suggested survey methods are illustrated by the description of five typical post-basic schools selected as samples by the Foundation.

Published in English and French, the two studies are reported to be the first of a series. Further studies will include the compilation of a bibliography on the life and work of Florence Nightingale; the development of

a guide for planners of post-graduate education in nursing; and a study of educational principles applicable to the education of nurses.

Copies of "An International List of Advanced Programs in Nursing Education" are available in English and French. Cost is 12 shillings. Write: International Council of Nurses, 12 Queen's Gate, London S.W.7, England.

Information to the Nation; To Ourselves as Well

Nurses who think that aunts, third cousins and other relations are annoying, may be perturbed to know that they now have *public* relations. They needn't be! In fact, most nurses are welcoming the fact that the CNA executive has decided to undertake more intensive work in informing and influencing Canadian public opinion about nursing. This more intensive program of public relations will also embrace more active communications within the profession itself.

Although the matter of public relations for the nursing profession in Canada has been under consideration for some time, it received additional impetus last May when the decision was made to undertake a pilot public relations project prior to the Banff Convention. This project was intended to determine the effectiveness of retaining professional public relations counsel to advise the Association in these matters, and to prepare and distribute information about nursing.

The results indicate that, in order to obtain a greater understanding of the functions and activities of the professional nurse by our membership and the public, it is of great advantage for us to continue using the services of people especially prepared in the field of communications.

It is also hoped that this work will serve to emphasize to all CNA members the useful role they can play individually in interpreting nursing to the Canadian public.

What They're Saying About Nursing

A C.N.A. Publication is Revised

However we may like it, our effectiveness as nurses depends to a great extent on the opinions people have about us. If people hold favorable opinions, our work is made easier. Unfavorable opinions toward nursing tend to make our aims more difficult to achieve.

There are several ways in which Canadians form their opinions of nursing. One results from being served by nurses in hospitals, homes, industry and public health. Another stems from association with nurses as friends, relatives and other acquaintances. Still another—and a very powerful influence—results from what people read about nursing in the daily and weekly newspapers, and in magazines and trade journals.

Because of this importance of the press to the nursing profession, the C.N.A. issues periodically a collection of stories and articles about Canadian nursing, clipped from current publications. Recently, the format and name of this collection of press clippings was revised. Called "What They're Saying About Nursing," the new booklet contains reproductions of material as it has actually appeared in papers across the country. It presents a fairly accurate barometer of the treatment accorded nursing in the Canadian press. And as such, it indicates generally the information on nursing which is reaching people in communities across the country.

A nurse who is aware of information about nursing appearing in the press and on the radio of her community, will come to know people's current interests in nursing. This is important because she can effectively increase, and sometimes clarify, this information through her daily contacts with patients, doctors, friends and family—in fact, the same people who read and listen to the press and radio. Reliable information of this type increases understanding; and understanding promotes those public attitudes which increase our effectiveness as nurses.

Copies of this new publication may be secured either from your own provincial nurses' association or from the **National Office of the Canadian Nurses' Association, 1411 Crescent St., Montreal 25, Que.**

Nouvelles et Echos

Des groupes se joindront à nous pour étudier les soins à donner aux malades mentaux.

Au cours d'une maladie, il a été reconnu que les malades bénéficient davantage des soins qu'ils reçoivent, si les membres des divers services, appelés à s'occuper de lui, sont réunis en équipe. C'est dans les hôpitaux pour malades mentaux, là où la pénurie d'infirmières et de tout le personnel se fait le plus sentir, que ce principe de coopération doit attirer notre attention. Tous les efforts de l'Association des Infirmières canadiennes tendent vers ce but.

Depuis plusieurs années, le soin des malades mentaux a fait l'objet d'une étude de la part de l'Association des Infirmières canadiennes. L'adoption, au congrès biennal de Banff, d'un rapport du Comité chargé de la politique en matière d'éducation, intitulé "La préparation du personnel chargé de donner des soins aux malades mentaux" est le résultat de cette étude. On fait aussi mention dans ce rapport, que des résultats meilleurs sont obtenus, s'il y a coopération constante entre les diverses organisations qui s'intéressent à ce problème des maladies mentales.

Il semble donc que le récent congrès, en recommandant de coopérer avec tous les groupes s'intéressant aux malades mentaux, a tracé le sentier que doit suivre le nouveau Comité de l'Education.

Voici le texte de cette recommandation: "Que l'Association des Infirmières canadiennes fasse connaître à la division de l'hygiène mentale du Ministère de la Santé nationale et du Bien-Etre, à l'Association canadienne de l'hygiène mentale et à tous les autres groupes intéressés, qu'elle est disposée et désire coopérer à toute étude faite concernant les soins à donner aux malades des hôpitaux pour mentaux, et à l'amélioration de ces soins. L'Association des Infirmières canadiennes recommande que les associations provinciales adoptent la même ligne de conduite à l'égard du gouvernement de leur province."

A la suite de cette recommandation, le comité de la politique en matière d'éducation a nommé un sous-comité chargé d'étudier la question du nursing en psychiatrie et de rencontrer les autres groupes intéressés lorsque la chose sera jugée nécessaire.

Une étude sur les cours supérieurs offerts aux infirmières dans le monde.

La publication récente d'une étude sur les différents cours supérieurs (post-scolaires et universitaires) offerts dans presque tous les pays du monde, est un trésor d'informations! Au Canada, où une attention particulière a été donnée à la politique en matière d'éducation, cette étude intéressera sûrement un grand nombre d'infirmières, le travail a été préparé par la "Florence Nightingale International Foundation" en coopération avec l'Organisation Mondiale du Service de Santé et le Conseil International des Infirmières, cette publication est intitulée "Une liste internationale des programmes d'études supérieures en nursing." On y trouve le détail des cours donnés et d'autres renseignements sur les ressources cliniques et éducatives offertes par les pays.

Cette publication sera bientôt suivi d'une autre en voie de préparation, intitulée "Comment procéder à l'étude d'une école d'infirmières*," laquelle suscitera également beaucoup d'intérêt au Canada. Les méthodes d'étude ou d'évaluation sont illustrées par la description de cinq écoles supérieures, choisies par la "Foundation F.N."

Ces deux études *publiées en français* et en anglais sont les deux premières d'une série. On nous annonce une bibliographie sur la vie et les oeuvres de Florence Nightingale; un guide à l'usage des personnes projetant d'organiser des cours supérieurs pour infirmières; une étude sur les principes d'éducation pouvant être appliqués dans la formation de l'infirmière.

Pour se procurer les deux études mentionnées plus haut, écrire à: Conseil International des Infirmières, 12 Queen's Gate, Londres, SW. 7, Angleterre.

Coût: 12 shillings l'exemplaire.

Publicité aux quatre Points du Globe, mais chez soi d'abord.

Les infirmières qui n'aiment pas les visites des tantes, des cousins et de la parenté en général, seront peut-être ennuyées d'appren-

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* Traduction — le titre exact nous est inconnu.

dre qu'elles doivent prendre part à un programme de relations publiques, mais il n'y a pas lieu de s'en faire. Les infirmières en général sont heureuses d'apprendre que le Comité de Régie de l'Association des infirmières canadiennes a décidé de mettre à exécution un programme intensif de renseignements sur les infirmières, dans le but d'influencer l'opinion publique. Ce programme de relations publiques s'adresse en premier lieu aux membres de la profession.

Un programme de relations publiques n'est pas chose nouvelle pour les infirmières du Canada, mais il fut décidé en mai dernier de lui donner un nouvel élan. A cette fin, les services d'un consultant en relations publiques furent retenus; il est chargé de conseiller l'Association des Infirmières canadiennes et de préparer et distribuer des informations.

Les résultats à date démontrent qu'il est avantageux pour nous de continuer d'employer les services d'experts, si nous voulons obtenir des infirmières et du public en général une meilleure compréhension de notre profession.

Nous espérons aussi, par ce travail, convaincre tous les membres de l'Association des Infirmières canadiennes de l'importance qu'il y a pour les infirmières d'être bien renseignées sur la profession, afin qu'à leur tour elles soient en mesure de renseigner le public.

Resolutions Passed at the 27th General Meeting Canadian Nurses' Association

Resolution 1

WHEREAS, The budget of the International Council of Nurses is presently restricted, and

WHEREAS, The Canadian Nurses' Association has encouraged the International Council of Nurses to accept the invitation of the International Council of Associations of Catholic Nurses and Medico-Social Workers to send a representative to the international meeting to be held in Quebec City, September 7 to 12, 1954, therefore be it

Resolved, That the amount of money remaining in the E. Frances Upton Fund ($695.73) be sent to the International Council of Nurses to help defray the expenses of the President of the International Council of Nurses in coming to Canada to attend this meeting.

Resolution 2

WHEREAS, The Committee on Institutional Nursing has prepared valuable materials for a Manual on Orientation, therefore be it

Resolved, That the incoming Executive Committee of the Canadian Nurses' Association review the material and proceed with its publication in both the English and French languages.

Resolution 3

WHEREAS, The report of the Committee on Health Insurance recommends that a brief be prepared for submission to a parliamentary committee on health insurance if and when such a committee is appointed, and

WHEREAS, Several committees of the Canadian Nurses' Association have also made recommendations regarding good nursing service for the people of Canada, therefore be it

Resolved, That the report of the Committee on Health Insurance be received and that the Executive Committee of the Canadian Nurses' Association name, at its discretion, a working party to prepare a comprehensive brief for presentation to such parliamentary committee on health insurance, the said brief to be sent to each provincial association for comments and suggestions before its submission.

Resolution 4

WHEREAS, Canada's varied and expanding economy places a heavy responsibility on the occupational health nurse to keep abreast of the opportunities for preventive health programs within occupational situations, and

WHEREAS, Occupational health nurses desire to take their full share of responsibility in interpreting their needs and services to the nursing profession, and

WHEREAS, The occupational health field calls for specialized knowledge in labor relations, personnel practices and the toxic properties of newer substances, and

WHEREAS, Occupational health nurses who have pioneered in this field of nursing

(particularly in isolated areas) feel the need for guidance and more direct contact with their profession, therefore be it

Resolved, That the Executive Committee of the Canadian Nurses' Association be requested to consider setting up a special committee on occupational health nursing with equivalent status to that of other branches of nursing within this Association.

Resolution 5

WHEREAS, The report of the Committee on Employment Relations dealing with "Recommended Personnel Policies for Nurses" was only presented for discussion.

Resolved, That the report of the Committee on Employment Relations be referred to the incoming Executive Committee of the Canadian Nurses' Association for further study, consideration and action.

Resolution 6

WHEREAS, A national pension plan for nurses was suggested in the panel presentation "The Nurse and Social Security," therefore be it

Resolved, That the Executive Committee of the Canadian Nurses' Association make further enquiries regarding the possibility of a national pension plan for nurses.

Book Reviews

A General Textbook of Nursing — A Comprehensive Guide, by Evelyn C. Pearce. 838 pages. British Book Service (Canada) Ltd., 1068 Broadview Ave., Toronto 6. 12th Ed. 1952. Price $5.50.

Reviewed by Mrs. Noreen Gillanders, Clinical Instructor in Medical Nursing, University Hospital, Edmonton.

The author has placed emphasis on adequate nursing care of patients with various diseases rather than on the pathological bases of those diseases. The text includes nursing procedures and techniques most commonly encountered in the general hospital wards. Each phase of nursing from the admission to the rehabilitation of the patient has been adequately described.

The text is concisely written. The systematic arrangement of the 58 chapters into eight sections follows the outline common to textbooks of this calibre. The inclusion of psychiatric problems in the care of both medical and surgical patients is a welcome addition, as is the chapter on diagnostic x-ray examinations and common laboratory procedures. The diagrams of the application of splints and photographs of instrument set-ups in operative procedures are examples of the excellent illustrations in this textbook.

Many fields of nursing which are highly specialized are covered, though some of the procedures, techniques, and diseases that the nurse encounters in a hospital with specialized units have been omitted. Though Miss Pearce is describing nursing situations and equipment in the British Isles, the text would be of value in Canadian nursing schools as a reference for senior nursing students, and for the graduate nurse engaged in general nursing in the smaller hospitals.

Holbrook of the San, by Marjorie Freeman Campbell. 212 pages. The Ryerson Press, 299 Queen St. W., Toronto 2B. 1953. Price $4.50.

Reviewed by E. A. Lillian Joyce of Vancouver, B.C.

This is the story of a doctor who became the head of the greatest tuberculosis sanatorium in the British Commonwealth. Howard Holbrook was a backwoods Ontario boy with a keen mind, a great hunger for learning, and a wonderful capacity for work. In this book we find a record of his progress and the progress of the treatment of tuberculosis. It covers the 40 years of his association with the Mountain Sanatorium in Hamilton, Ontario, plus an account of his early life.

The story of the "White Plague" and Dr. Holbrook are inextricably combined. It is due to his unselfish devotion and to others like him that we no longer think of tuberculosis with such dread.

While not intended as a textbook, it would be an interesting addition to any library.

At present, about 9 out of every 10 babies are born in hospitals, compared with less than 4 out of every 10 about 20 years ago.

Student Nurses

Public Relations of the Student Nurse

ELIZABETH FARQUHARSON, B.Sc.

THE FOLLOWING MATERIAL summarizes the discussion that took place in the Student Nurses' Buzz Sessions during the C.N.A. convention in Banff.

We are all mutually dependent upon one another for our welfare and continued prosperity. As an individual, every student has relationships with other individuals and groups. As a member of the group, she has relationships with individuals and other groups. It must be remembered that no one gets more out of these relationships than she puts into them. To improve relationships one must have constructive criticism. This is what we asked of this discussion.

The main topic of public relations was broken down into nine sub-topics indicating students' relationships to:

C.N.A. and the provincial registered nurses' associations
Student government and student committees
School of Nursing
Fellow students
Patients
High school students (recruitment)
Hospital staff
Community at large
Provincial Student Nurses' Association.

Assignment of topic: The first student to register at Banff from each province was designated a leader for one of the above topics. The second student from each province was enlisted as secretary to a group. As the remaining students registered, each was assigned so that each group consisted of girls from every province. Those from the same province in the group were from different schools. The groups averaged 18 students.

Miss Farquharson, who is clinical supervisor in surgery at the General Hospital, Edmonton, Alta., was chairman of the C.N.A. Committee on Student Nurses' Activities.

RESULTS FROM THE BUZZ SESSIONS

1. Information concerning the C.N.A. should be introduced much earlier in student training. Students should establish an early contact with C.N.A. through their student nurses' association.

2. There should be a student on the planning committee for the next convention. Every effort should be made to arrange more time for their own section.

3. In general sessions at convention there should be provision for them to express their views on matters concerning them.

4. There should be a larger student section in *The Canadian Nurse.*

5. It was generally agreed that students' councils are carrying out their responsibilities adequately, but that attendance at meetings for the whole school is low. Suggestions were: films, more organized recreation, more committees. Some schools have compulsory attendance at meetings.

6. Sick committees for visiting sick students were thought unnecessary.

7. Library committees in some schools should develop new methods of obtaining literature or be disbanded.

8. A representative of the faculty, present at all business meetings, hastens decisions and therefore saves time.

9. Recreational director and committee thought to be excellent.

10. Arbitration committee composed partly or entirely of students to decide on disciplinary measures should function between general meetings.

11. A residence committee should appoint proctors to see that residence duties are carried out.

12. Student government constitutions are not all up-to-date. The chief problem in revision is to get fast agreement

between the nursing office and the students.

13. A master plan of rotation, where a student may see where she is to work and for how long in each department, gives a feeling of security and therefore leads to more efficient work.

14. Ward work enthusiasm is dependent on compatibility of personalities involving both patients and other staff.

15. How one individual gets to know her fellow students depends on information, organization and enthusiasm.

(a) Big Sister idea. It should be in action before the student enters residence, e.g. letter of welcome, introduction to residence, hospital, other students and faculty by Big Sister.

(b) Student association party of welcome.

(c) Orientation program should consist of: Talks by one or two students of the executive. They should introduce the constitution and by-laws of the student government association; a question period regarding student activities and organization.

16. There definitely should be respect for experience while on duty. The senior students should not flaunt their positions, but should encourage and help the less experienced. Off duty there should be a feeling of "oneness" of the whole student body.

17. Suggestions for interhospital group planning:

(a) Combine efforts for organizing activities.

(b) Each student body should take turns as hostess.

(c) Competition aids in promoting school spirit and lends a friendly interest in other student bodies. It offers a medium of exchange for new ideas socially and professionally.

(d) As students mature mentally and professionally, we learn and practise professional ethics more effectively.

18. The term "recruitment" should not be used. We prefer to speak of interesting high school students in nursing. The following suggestions might prove effective means of interesting these students:

(a) Establish a Canada-wide nursing career day preferably close to national Hospital Day in May.

(b) A student nurse might be the speaker chosen to go to a high school to make a deeper impression on the high school students.

(c) Films, pamphlets, hospital tours, skits of the drama of training, all should be used.

(d) Open house in residence.

(e) Financially, publicize and increase bursaries; provide a system of monthly allowances during training; beckoning wages after graduation.

(f) Good living accommodation for nurses.

(g) Realization of wide range of fields open to a graduate nurse.

(h) Pamphlets describing entrance requirements and curriculum of each school in the province to be available on request of the prospective candidate.

19. There would be more cooperation in the hospital if the following points were emphasized for all of the staff:

(a) More verbal "thank you's."

(b) Time taken to explain why certain things must be done.

(c) Make the students realize they are an important part of the hospital.

20. Better interdepartmental relationships could be obtained if pamphlets of the routine of each department were on all wards and kept up to date.

21. The term "probationer" should be dropped entirely from the student training — "preliminary" or "preclinical" should be used.

22. The discussion on the relationships of the student nurse to the community revealed the following items:

(a) Smaller communities are more friendly and take a more personal interest than larger cities, e.g. offer membership in their clubs. The cities offer more impersonal interests such as free tickets for concerts, etc.

(b) Radio and press are very willing to help in every way, e.g. financial drives, but it is up to us to let our needs be known.

(c) Women's auxiliaries are willing to offer assistance, but again, needs have to be made known.

(d) Students with dramatic or musical ability should try to expand it within the school and in the community, e.g. joining choirs, entering drama festivals.

(e) Students should encourage com-

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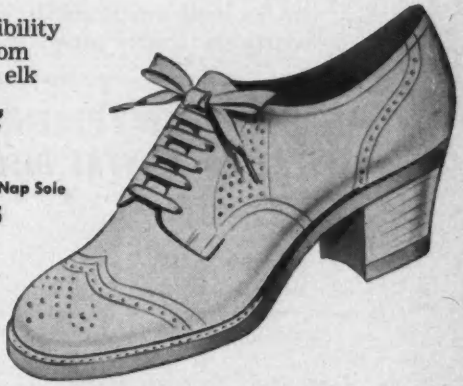

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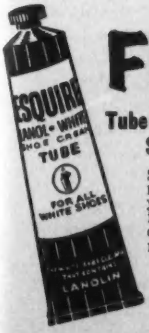

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Perth Shoe Company Ltd.,
Perth, Ontario.

Please send me free, a regular 35¢ tube of Esquire white shoe cream and the name and address of the nearest Naturalizer dealer.

Name .....

Address .....

City ..... Province .....

munity projects such as blood donor clinics, home nursing classes.

(f) Sports contests should branch out into the community as well as being inter-school.

(g) Care should be taken in the selection of friends outside the hospital because of the maturity professional training gives. The community is critical as to whether you raise or lower your standard of friends. Other professional groups think well or otherwise of you depending on how you react with the community.

23. There should be some means of communication such as a magazine or paper to tell of activities of the Student Nurses' Association and a medium in which to bring out the new ideas.

24. The needs which the Student Nurses' Association fills:

(a) It gives strong backing for students.

(b) It is a place for exchange of ideas.

(c) It can assist in stabilizing regulations.

(d) It is a way of public education.

(e) It presents competition.

25. Ways of overcoming the barrier of distance for effective working of the Student Nurses' Association:

(a) Regular meetings at different hospitals and therefore the same students would not be travelling all the time.

(b) Correspondence between representatives in the interim.

26. The type of girl to be elected as president of the Student Nurses' Association: She should have experience in conducting meetings. She should be interested, enthusiastic, tactful and have a good average scholastic standing.

27. To have a strong, united, effective Student Nurses' Association, every student must have a good knowledge of the constitution of that association.

CLEANING THE OVEN — Dissolve 6 tablespoons powdered household ammonia, or mix ½ cup liquid ammonia, with 1 pint boiling water. Pour into shallow pan and place in cold oven immediately; leave overnight. Remove pan in morning and wash as usual with warm soapy solution. Ammonia dissolves all grease and grime.

Does it Matter What a Child Reads?

Yes, because of the deep impression that our reading makes upon us when we are young. The ideas, the images we receive as children become a part of us. We want children to spend the short time they have for reading in their impressionable years, on books that are worthy of the rapt attention that children give to books. We don't want children to miss the books that give lasting pleasure—the books that can help to build character. The poor, the second-rate, the books of passing interest are, at best, a waste of time and, at worst, will influence a child in false values as he grows up. We want children to read books that they can enjoy so much that they will remember them with pleasure when they grow older; books that will enlarge their interests, broaden their sympathies and increase their understanding—books that will really help them to grow—that will give them, often indirectly, true values for life.

— GRACE CROOKS

The optimist is as often wrong as the pessimist, but he is far happier.

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES,

and

Nursing Assistants or Practical Nurses

required for

Federal Indian Health Services

HOSPITAL POSITIONS

Oshweken, Manitowaning, Moose Factory and Sioux Lookout, Ont.; Hodgson, Pine Falls and Norway House, Man.; Fort Qu'Appelle, North Battleford, Sask.; Edmonton, Hobbema, Gleichen, Cardston, Morley and Brocket, Alta.; Sardis, Prince Rupert and Nanaimo, B.C.

PUBLIC HEALTH POSITIONS

Outpost Nursing Stations, Health Centres and field positions in Provinces, Eastern Arctic, and North-West Territories.

SALARIES

(1) Public Health Staff Nurses: up to $3,300 per year depending upon qualifications and location.

(2) Hospital Staff Nurses: up to $3,120 per year depending upon qualifications and location.

(3) Nursing Assistants or Practical Nurses: up to $185 per month, depending upon qualifications.

• Room and board in hospitals — $30 per month. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-medical and superannuation plans available. Assistance may be provided to help cover cost of transportation.

• Special compensatory leave for those posted to isolated areas.

For interesting, challenging, satisfying work, apply to:
Indian Health Services at one of the following addresses:

(1) 422 Federal Building, Vancouver, 2, B.C.;
(2) Charles Camsell Indian Hospital, Edmonton, Alberta;
(3) 10 Travellers Building, Regina, Sask.;
(4) 522 Dominion Public Building, Winnipeg, Manitoba;
(5) Box 292, North Bay, Ontario;
(6) 55 "B" St. Joseph Street, Quebec, P.Q.;
(7) Moose Factory Indian Hospital, Moosonee, Ontario.

or

Chief, Personnel Division,
Department of National Health and Welfare,
Ottawa, Ontario.

Canadian Red Cross Society

The following are staff changes in the Provincial Divisions of the Canadian Red Cross Society:

BRITISH COLUMBIA

APPOINTMENTS — *Margaret B. Laughlin* (Brandon General Hospital, School of Nursing) to Lone Butte.

RESIGNATIONS — *Mona J. Mitchell* (St. Paul's Hospital, Vancouver) from Lone Butte.

TRANSFERS — *Joan Allson* (Royal Melbourne Hospital, Melbourne, Australia) to Kyuquot.

SICK LEAVE — *Mary K. Walker* (Toronto General Hospital) Matron, from McBride.

QUEBEC

APPOINTMENTS — *Leone Soucy* (Notre-Dame Hospital, Montreal) to Barachois, Gaspé.

RESIGNATIONS — *Faye Helwig* (Toronto General Hospital) from Barachois, Gaspé, to be married. *Yolande Lavoie* (Ste-Justine Hospital, Montreal) from Grande Entrée to work in Hospital.

LEAVE OF ABSENCE — *Mrs. Haidee Pearce* from Entry Isle — one month.

Ontario

The following are staff changes in the Ontario Public Health Nursing Services:

Appointments — *Diane (Smith) Allen,* (Women's College Hosp. and University of Toronto general course), *Margaret (Peart) MacLeod,* (B.Sc.N., McMaster University, Hamilton), and *Carole Mowder* (St. Michael's Hosp., Toronto and U. of T. gen. course), all to Etobicoke Township board of health; *Marie Bayles* (Ottawa Civic Hosp. and University of Western Ontario certificate course) to Sault Ste. Marie board of health; *Henriette (Larocque) Findlay* (University of Ottawa School of Nursing and cert. course) and *Margaret Goodes,* formerly with St. Catharines-Lincoln health unit, both to Welland and District health unit; *Ethel Irwin* (Toronto Gen. Hosp., U. of T. gen. course and advanced course in administration and supervision) to Timiskaming health unit; *Vivian Kenney,* formerly with Prince Edward Co. health unit, to

Lennox and Addington health unit; *Alice Klugman,* formerly with Wellington Co. health unit, to Windsor board of health; *Eileen McCready* (Montreal Gen. Hosp. and McGill University public health nursing course) to Middlesex Co. school health service; *Mary (McVicker) Pippy* (St. Joseph's School of Nursing, Hôtel-Dieu Hosp., and U. of T. gen. course) to Kingston board of health; *Beryl (Lucas) Sussell* (Royal Columbian Hosp., New Westminster and University of British Columbia cert. course) to Simcoe health unit; *Denise Tremblay,* formerly with Prescott and Russell health unit, and *Greta Whiteley* (St. Catharines Gen. Hosp. and U. of T. gen. course), both to Ottawa board of health; *Carolina van den Hul* (The Netherlands Gen. Hosp. and Central Institute of Christian Social Work, Amsterdam, Holland) to Oshawa board of health; *Grace Walters,* formerly with Northumberland-Durham health unit, to Peel Co. health unit.

Resignations — *Jean Andrews* and *Margaret Curran* from Fort William and District health unit; *Madeleine Carr* from Lennox and Addington health unit; *June Elder* and *Edna (Johnson) Haussler* from Northumberland-Durham health unit; *Thelma (Smith) Gordon* from Timiskaming health unit; *Barbara Harvey* and *Nancy Taylor* from Lambton health unit; *Dorothy (Wiessgerber) Lane* from Sault Ste. Marie board of health; *Jean Laughren* from Prince Edward Co. health unit; *Lucille (Miquelon) McCormack* from Leeds and Grenville health unit; *Jean (Stott) McDonald* from Halton Co. health unit; *Margaret Nealon* from Simcoe Co. health unit; *Elizabeth Schaefer* from Wellington Co. health unit; *Irma Ternan* from Bruce Co. health unit; *Hilda Willis* and *Betty Elliott* from Ottawa board of health.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Kingston, Ont.: *Nancy Code* (Kingston Gen. Hosp.). Ottawa: *Irene Boisvert* (University of Ottawa School of Nursing); *Ethel Fearn* and *Marjorie Hughes* (both Crumpsall Hosp., Manchester, Lancashire, Eng.); Victoria: *Catriona Gillespie* (Royal Jubilee Hosp., Victoria).

Reappointment — Edmonton: *Mrs. Margaret McNeill.*

Transfers — *Mary Allen* from Peterborough to Vancouver; *Jean M. Cummine* from Porcupine to Regina; *Vera Bruegeman* from Sherbrooke to St. Thomas.

'You are as young as your faith,
'As old as your doubt,
'As young as your self-reliance,
'As old as your fear,
'As young as your hope,
'As old as your despair.

The worker who can do the little things well for which he is responsible contributes to the success of the biggest enterprise, and the man who devotes himself to his task with zeal and determination, using his best ability, will have a sense of achievement, which is an ingredient of happiness.

— *Royal Bank Monthly Letter.*

News Notes

ALBERTA

District 3

Calgary

Eighteen members attended the June meeting of the district chaired by E. Shaw, president. Correspondence from Banff indicated a decision to change the name of Banff-Canmore Chapter to Banff Chapter. It was decided to send a letter of appreciation to the chairman of the arrangements committee for the C.N.A. biennial convention in Banff.

District 7

Edmonton

E. Taylor, chairman, presided at the June meeting of the district attended by 37 members. Interesting reports were given by representatives to the C.N.A. biennial convention in Banff. Miss Stinson, J. Clarke, J. Morrisson and R. McClure accompanied by Miss Sharp gave a rendition to the tune of "Comin' Round the Mountain" which they sang in Banff in honor of the executive.

BRITISH COLUMBIA

Merritt

Mrs. A. C. Bland took over her duties as matron of the Nicola Valley General Hospital on June 15, succeeding Mrs. M. Runions who has returned to Calgary.

Trail

D. Mawdsley, president, presided at the June meeting of the chapter when it was decided to award a $50 scholarship to a high school graduate wishing to enrol in an accredited school of nursing. Final plans were made for a rummage sale and an account of the successful spring tea was given by the convener, A. Baker. Miss Mawdsley gave a detailed account of her visit as chapter representative to the annual provincial convention in Vancouver.

MANITOBA

Dauphin

Mrs. J. Paul, president, has presented the first life membership to be awarded by the Dauphin Registered Nurses' Association to Mrs. W. J. Harrington who graduated from Winnipeg General Hospital in 1904.

NEW BRUNSWICK

FREDERICTON

Victoria Public Hospital

At the annual reunion dinner of the alumnae association the following new officers were elected: Honorary president, E. Felsing; president, Mrs. C. McMaster; vice-presidents, L. Currie, Mmes C. Simms, O. Kelly; secretary, Mrs. A. Russell; assistant secretary, Mrs. L. Anderson; treasurer, Mrs. L. Smith; assistant treasurer, Mrs. E. Doyle; in various other capacities, M. Barry, M. Jewett, G. Burtt, E. Harvey, Mmes T. Donovan, D. Scammell. Mrs. W. Pickard of Ottawa thanked the guest speaker, Dr. R. D. Baird for his inspiring talk, "Nurses as Pioneers of Health," on the world wide activity of nursing, a reminder of this year's Florence Nightingale Centennial. Mrs. A. Russell, retiring president, presided at the dinner which was catered by the Pythian Sisters and convened by Mrs. R. Perley assisted by Mmes Scammel and F. Rankine. Members of the 1954 graduating class were special guests. The toast to the Queen was proposed by toastmistress, Mrs. E. Stone; other toasts by Mrs. E. Bonnar, D. Barter and M. Langley were responded to by Mrs. P. Staples, J. Smith and Dr. Baird, respectively.

During the business meeting E. Felsing thanked members for their work during the year. The recently established Georgia Pond Memorial Bursary award of $50 will go to any worthy New Brunswick student entering VPH for preliminary training.

NOVA SCOTIA

AMHERST

S. Dickie, president, was in the chair at a meeting of Cumberland branch recently when Mrs. L. Rhindress was elected the new president and T. Fraser, secretary-treasurer. The vice-president to be named later will be from Springhill. Reports were given by: Mrs. M. Frazee on the executive meeting and Miss Fraser on the annual provincial meeting in New Glasgow—the latter emphasized points regarding test pool examinations for registration of nurses on a trial basis beginning next spring, and the civil defence course being changed to disaster control nursing and included in the basic curricula of student nurses; R. MacDonald, school of nursing adviser, on rehabilitation in modern nursing, work of the V.O.N. and new trends in drugs and nursing. F. Marshe was made convener of a committee to arrange for the provincial meeting to be held in Amherst next year.

The meeting was well attended and the bring and buy sale during the evening brought a substantial amount. Present from Springhill with Mrs. Dickie were Mmes Rose and A. Hannah.

WOLFVILLE

Laura R. Logan has been awarded an honorary doctor of science degree by the

University of Cincinnati for her contribution since 1908 to the development of nursing. L. E. Rosnagle, dean of the college of nursing and health at the university, presented the degree and paid tribute to Miss Logan's successful endeavor to establish that collegiate school of nursing, the first to offer a degree in nursing in the United States.

NEWFOUNDLAND

WHITBOURNE

A number of citizens, representing this and two other communities, gave a party in June in honor of Mrs. Dorothy Cherry, head nurse of the Markland Cottage Hospital, who has resigned. Glowing tributes were paid to the splendid contribution Mrs. Cherry has made since she arrived in Newfoundland from England 25 years ago. Ten years of this service was given in the Markland hospital.

ONTARIO

DISTRICT 2

INGERSOLL

President Mrs. A. Walters opened a recent meeting of the district with a poem by Kipling. Tribute was paid to the late J. McNaughton and plans for the cancer society in the fall and a card party on October 28 were discussed. Reports on the provincial meeting in Toronto were read by D. Sinclair and L. Wilson and on the district meeting in Listowel by Mrs. Walters. Contests and refreshments followed.

SIMCOE

Norfolk General Hospital

At a recent meeting of the Registered Nurses' Association of the hospital under the chairmanship of president H. Johns, the motion was carried to change the name from "Registered Nurses' Association" to "Graduate Nurses' Association." A donation of $300 was made to the Hospital Expansion fund and $148.46 for special equipment. Ten members attended.

DISTRICT 3

ELORA

Twenty-one public health nurses of this district held their spring dinner meeting in St. John's Parish Hall. Miss L. Richardson was chairman and Miss Winnifred Ashplant, secondary school nurse in London, Ont. was the guest speaker. Prior to the dinner the visitors made a sightseeing tour of the points of interest in the town.

OWEN SOUND

The following executive members attended a meeting of the district recently: E. Law and R. Mulligan, Galt; Mrs. A. Boyer, R. Gaw, L. Campbell and H. Peterson, Guelph; L. Richardson, Fergus; Mrs. J. Phillips, Shelburne; A. Patterson and W. Cooke, Owen Sound.

DISTRICT 4

NIAGARA FALLS

A new six-room public school, now under construction, will be named Martha Cullimore Public School in honor of Stamford Township's school nurse. Miss Cullimore has served as nurse in the township schools for more than 30 years.

DISTRICT 5

TORONTO

Toronto General Hospital

Celebrating the Diamond Jubilee of the Alumnae Association, the graduation of 100 new members in May was the occasion for many special events. The members of the graduating class and their mothers were entertained at tea by the Alumnae with Miss Eugenie Stuart, president, heading the receiving line.

At the Diamond Jubilee reunion banquet, Miss Stuart reviewed some of the amazing changes the intervening years have brought since the organization meeting in February 1894. With Miss M. A. Snively in the chair on that memorable occasion, 17 graduates decided to form this association, the first of its kind in Canada. The subsequent development of our professional organizations is related, in no small degree, to the success that has marked the activities of the Alumnae Association. The first issue of *The Canadian Nurse* in 1905 grew out of the publication of the quarterly bulletin by the Alumnae.

Western Hospital

At the spring tea and home baking sale of the alumnae association, Mrs. I. P. McConnell, one of the hospital's first graduates, was among the eight members pouring tea. During the afternoon the Archives room, formerly the library, of the Edith Cavell residence was opened to the public. Here, through the generosity of the board of governors and Dr. H. A. Beatty, with contributions from the women's board and the alumnae association are gathered together the histories of both the Western and Grace Hospitals Schools of Nursing: Class pictures, matching books of graduates' names, records and articles of historic value, a copy of Dr. A. I. Willinsky's film, "Through the Years with the Student Nurse," various pins of the hospitals as well as two dolls, one dressed in a replica of a student's uniform of Toronto Western in 1896 and the other in that of a student of Grace in 1890. Many events and personalities are recalled by a display of interesting material on the east wall and the guest book already contains the names of several distinguished visitors. The success of this project is due to the efforts of G. Jones, M. Agnew and their committee.

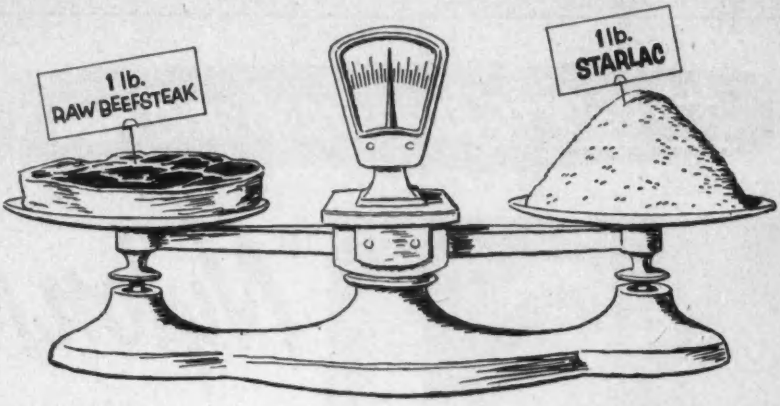
Women's College Hospital

Josephine LePan has been appointed assistant superintendent. During World War II Miss LePan served in England, Italy and Sicily with the R.C.A.M.C. Until recently she was a clinical instructor at the Toronto General Hospital.

DISTRICT 11

PARRY SOUND

Thirty-two members of Chapter 1 were present at the annual dinner held on June 23. Miss Audrey Morrison presided. The speaker was Rev. R. A. Crooks of St. Andrew's Presbyterian Church. Mrs. Dorothy Puddan represented this district at the C.N.A. convention in Banff.



Problem:
Which contains the most protein?

Answer: 1 lb. of Borden's Starlac contains almost *double* the protein of 1 lb. of edible beef! Yet Starlac costs under 40¢ a pound.

The high protein content and relatively low cost of Borden's Starlac make it valuable in cases where a high protein diet is prescribed.

What is Starlac? Starlac is dry skim milk —a creamy white powder made by removing most of the water (97.5%) and fat (99%) from high quality, fresh whole milk. It takes about 11 pounds of fluid skim milk to make one pound of Starlac. Starlac thus contains about 11 times the food value of liquid skim milk, (except thiamine and vitamin C, slightly reduced during processing.)

Easily and quickly reliquefied, a one pound tin of Borden's Starlac makes 4 quarts of delicious milk. It also combines well with other ingredients—makes possible recipes containing large amounts of protein with only slight increases in bulk in the end product.

You can safely recommend Borden's Starlac wherever a high protein diet has been prescribed. If you would care to learn more about this "wonder milk", just send a postcard with your name and address to The Borden Company, Formula Foods Dept., Spadina Cresc., Toronto and our booklet "STARLAC IN HIGH PROTEIN DIETS" will be sent you.

Borden's

STARLAC

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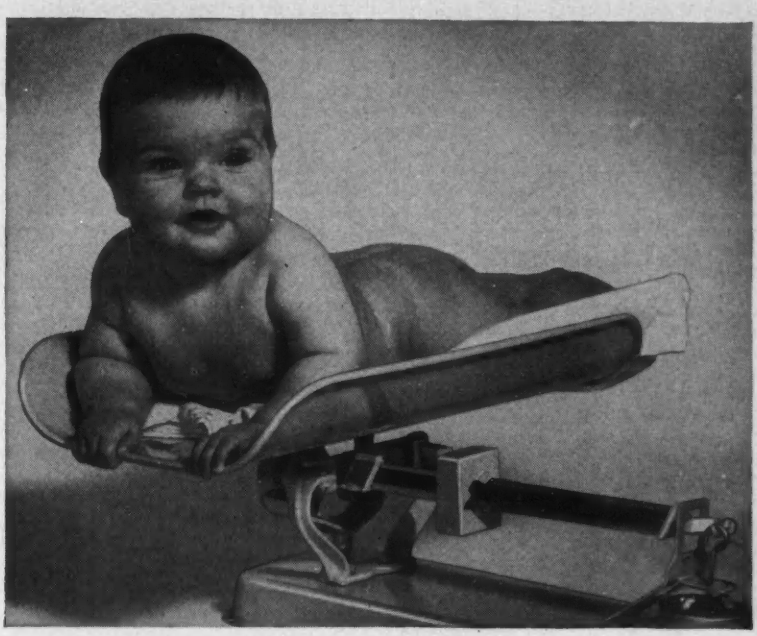

Heavyweight Champ

He is already a champ in his class—one of the thousands of healthy husky youngsters who thrived on Heinz products right from the start. Every year, by an overwhelming majority, the prize winners at Baby Shows across Canada are Heinz babies.

Proteins, such as he gets in Heinz Strained and Junior Meats, are recognized by the medical profession as an important contribution to infant diet.

A complete range of Heinz Strained and Junior Meats is now available, each variety meriting your recommendation.

Heinz *Meats for Babies*

STRAINED AND JUNIOR

Positions Vacant

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Director of Nursing for 110-bed General Hospital situated in the Fraser Valley, 65 miles east of Vancouver. Please forward full details of education, post-graduate training, experience, availability & salary expected to Administrator, General Hospital, Chilliwack, B.C.

Matron at once for 30 bed hospital. Salary $260 per mo. with full maintenance. Statutory and 3 wks. annual holidays with pay. Staff on 44-hr. wk. Full time X-Ray & Laboratory Technician, also Sec. Treasurer on staff. Separate Nurses' Home for living-in accommodation. Apply, giving full details and date available to the Secretary Treasurer, Municipal Hospital, Provost, Alta.

Matron immediately for 27-bed hospital. Graduate complement: matron & 4. 8-hr. day, 44-hr. wk. 28 days holiday after 1 yr. service. Customary sick leave. Knowledge of x-ray essential. Apply, giving full details & salary expected, Sec., Slocan Community Hospital, New Denver, B.C.

Supt. of Nurses & O.R. Supervisor for General Hospital, Dauphin, Man. 86-bed hospital with Nurses' Training School. Community of 6,500. Excellent living conditions. Supt. of Nurses must be good organizer & disciplinarian. Salary open for both positions. For further information apply A. J. Schmiedl, Sec.-Mgr.

Supt. of Nurses for Sept. 1st for 31-bed hospital with O.R. and X-Ray experience if possible. Salary $275 per mo. plus full maintenance. Comfortable living accommodation. Apply: Little Long Lac Hospital, Geraldton, Ont. Board of Directors.

Supt. of Nurses for modern 60-bed General Hospital. Apply, stating qualifications, Dr. M. R. Stalker, Honorary Medical Supt., Barrie Memorial Hospital, Ormstown, Que.

Asst. Head Nurse and **Supervisor of Nurseries** for 30-bed obstetrical Dept., duties to include teaching of students. Apply to Director of Nursing, Oshawa General Hospital, Oshawa, Ont.

Clinical Supervisor, Ward Supervisors, Head Nurses & General Duty Nurses immediately. Salary commensurate with training & proven ability. Training School attached. Apply Supt. of Nurses, Soldiers' Memorial Hospital, Campbellton, N.B.

Obstetrical Supervisor for 70-bed General Hospital. Salary: $200 per mo. & up, depending on qualifications. Good personnel policies. Apply Supt., Ross Memorial Hospital, Lindsay, Ontario.

Nurse Technician Team (intravenous & intramuscular therapy). Apply Dr. H. Featherston, Asst. Supt., Civic Hospital, Ottawa, Ontario.

CANADIAN RED CROSS SOCIETY

invites applications for ADMINISTRATIVE and STAFF positions in HOSPITAL, PUBLIC HEALTH NURSING SERVICES, and BLOOD TRANSFUSION SERVICE for various parts of Canada.

- **The majority of opportunities are in OUTPOST SERVICES in British Columbia, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, and Nova Scotia.**
- **Commensurate salaries for experience and qualifications. Transportation arrangements under certain circumstances. Bursaries are available for post-graduate study.**

For further particulars apply:

NATIONAL DIRECTOR, NURSING SERVICES, CANADIAN RED CROSS SOCIETY,
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COLOMBO PLAN NURSES FOR INDIA

The Colombo Plan requires two General Nurse Educators and one Nursing Arts Instructor for training centres in Maternal and Child Health and Nursing Education in co-operation with WHO in India.

***QUALIFICATIONS:** Graduation from an approved school of nursing or university; several years experience in teaching student nurses and in organizing nursing education and training programs.*

For further information write:

TECHNICAL CO-OPERATION SERVICE, DEPARTMENT OF TRADE AND COMMERCE, NO. 4 BUILDING, OTTAWA, CANADA.

Senior Instructor to teach Nursing Arts & Surgical Nursing & aid with administration of school program. One class per yr. of approx. 20. Salary: $260-290; credit given for experience. 40-hr. wk. 1½ days per mo. sick leave cumulative. 11 statutory holidays. 1 mo. vacation. May live in or out of residence. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Instructors for: Science Teaching followed by Clinical Ward Teaching; Clinical Ward Teaching & lectures in Medical Nursing. Commencing salary: $250 (additional for experience). Current R.N.A.B.C. contract in effect. 65 students; one class per yr. For information about position & community apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Nursing Arts Instructor for School of Nursing. 150 students—450-bed hospital. Apply Director of Nursing, General Hospital, Saint John, N.B.

Surgical — Medical Arts Instructor (1), Pediatric Supervisor (1), Registered General Duty Nurses, for new 175-bed hospital, 39 bassinettes. School for Student nurses. Excellent working conditions and personnel policies. New student nurses' residence with modern furnishings and fixtures. Galt is centrally located in southwestern Ontario, 65 miles from Toronto. London, Hamilton, Niagara Falls, Windsor and Buffalo within easy reach. Apply: Director of Nursing, South Waterloo Memorial Hospital Inc., Galt, Ontario.

Science Instructor. Clinical Instructors for Obstetrical & Medical Depts. (qualified). Also **General Duty Nurses** for 500-bed hospital. Attractive personnel policies. Apply Director of Nurses, St. Joseph's Hospital, Victoria, B.C.

Science Instructor for Sept. Complete maintenance in comfortable suite. 120-bed hospital — 35 students. New 150-bed hospital under construction. Apply, stating experience & salary expected, Director of Nurses, Jeffery Hale's Hospital, Quebec City, Quebec.

Clinical Instructor (Maternity). Modern 400-bed hospital. Student body of 100. Good personnel policies. Salary commensurate with position. Apply Director of Nursing, Kitchener-Waterloo Hospital, Kitchener, Ont.

General Supervisors, Charge Nurses & General Duty Nurses for new 150-bed hospital. Starting salary for General Duty Nurses — $220 for B.C. Registered, with annual increases up to $30. 40-hr. wk. 1½ days cumulative sick leave. 28 days vacation. 11 statutory holidays. Apply Supt. of Nurses, Trail-Tadanac Hospital, Trail, B.C.

Operating Room Nurses, one with post-graduate if possible, but not necessary. Extra pay for call and call time made up. Apply: Supt., Soldiers' Memorial Hospital, Campbellton, N.B.

Public Health Nurse for Health Unit for generalized program. Proximity to Toronto permits urban living conditions to be combined with rural-urban work. Excellent transportation arrangements, group insurance & other attractive working conditions Apply Dr. R. M. King, York County Health Unit, Newmarket, Ont.

INDUSTRIAL NURSE

The Bell Telephone Company has a vacancy for a Registered Nurse to work full-time in Ottawa. Friendly personality and an interest in people are of prime importance. Public health training and administrative experience preferred. Write giving complete details of experience and, if convenient, your telephone number.

Box D, The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

Registered Nurses wanted at a friendly town in the Cariboo district. Starting salary $225 per mo., $235 after 6 mos., less $40 for board and residence; 40-hr. wk. 1 mo. vacation with full salary plus all statutory holidays. Transportation up to $60 refunded after 6 mos. service; sick leave benefits; 22-bed general community hospital. Apply, stating experience, to Director of Nursing, Quesnel General Hospital, Quesnel, B.C.

Registered Nurses (2) for General Duty. 40-bed Municipal Hospital. Starting salary: $180 per mo. plus full maintenance to maximum $220 according to nursing experience. $5.00 per wk. extra for night duty. 44-hr. wk. 3 wks. holiday with full pay after 1 yr. service. Statutory holidays. Modern nurses' home on grounds. Apply Sec., Municipal Hospital, Box 560, Taber, Alta.

Public Health Nurse for Town of Deep River, Ont. Salary: $2,900-3,120 depending on qualifications. Pension, medical & vacation plans. Living accommodations in staff hotel. State all details including age, marital status, education & experience in first letter to "File 7D," Atomic Energy of Canada Ltd., Chalk River, Ont.

Registered Nurses for General Duty Staff. Salary commences at £37-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

General Duty Nurse for 17-bed hospital, about 100 miles from Calgary. Salary: $170 with full maintenance. Increase of $5.00 per mo. after each 6 mos. service up to 3 increases. Transportation refunded after 6 mos. service. Usual vacation & statutory holidays. Apply Municipal Hospital, Elnora, Alta.

General Duty Graduate Nurses for 60-bed Acute General Hospital, 150 miles northwest of Vancouver on B.C. coast. Salary: $222 per mo. with increments; less $25 complete maintenance. 4 wks. holiday per yr. with pay plus 10 statutory holidays. Transportation advanced if desired. Apply Matron, St. George's Hospital, Alert Bay, B.C.

Registered Nurses for new 30-bed hospital. R.N.A.B.C. policies in effect. Apply Matron Creston Valley Hospital, Creston, B.C.

Municipal Nurses for Province of Alberta. Rural service, emergency treatment, public health & maternity program. Salary: $2,520-3,300 depending on qualifications & experience plus modern furnished cottage. Excellent sick leave, vacation & pension benefits. Apply Director, Nursing Division, Dept. of Public Health, Administration Bldg., Edmonton, Alberta.

General Duty Nurses for United Church of Canada hospital, 300 miles north of Vancouver on B.C. coast. Salary: $215 per mo. less $40 for board, room & laundry of uniforms. 2 annual increments of $5.00 per mo. Cumulative sick time — 1½ days per mo. 1 mo. annual holiday plus 10 days in lieu of statutory holidays. Transportation refunded after 1 yr. Apply Matron, R.W. Large Memorial Hospital, Campbell Island P.O., Bella Bella, B.C.

General Duty Nurses for 110-bed hospital in scenic Fraser Valley, 65 miles east of Vancouver on Trans-Canada Highway. Salaries, holidays, etc., in accordance with R.N.A.B.C. personnel practices. Residence accommodation available. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

School of Nursing, Metropolitan General Hospital

WINDSOR, ONTARIO

Positions open: **CLINICAL INSTRUCTOR IN SURGICAL NURSING**
HEALTH INSTRUCTOR

This is a new school taking in 32 students once yearly, with opportunity for the faculty to participate in the development of the curriculum upon sound educational lines.

For further information apply to:

Director, School of Nursing, 2240 Kildare Road, Windsor, Ontario.

Graduate Nurses (3) at once owing to present nursing staff leaving to get married. 30-bed hospital on C.P.R. main line & Trans-Canada Highway, 2 hrs. from Calgary. Modern nurses' residence & garage. 8-hr. day, 6-day wk. with rotating shifts. Starting salary: $170. $5.00 increase at end of each 6 mos. 3 wks. holiday & statutory holidays. Sick leave with pay & free hospitalization. Apply Matron, Municipal Hospital, Bassano, Alberta.

General Duty Nurses for 430-bed hospital. Salary: $230-260. Credit for past experience. Annual increments. 40-hr. wk. Statutory holidays; 28 days annual vacation. Cumulative sick leave. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Graduate Nurses for completely modern West Coast hospital. Salary: $230 per mo. less $40 for board, residence, laundry. $10 annual increments. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after 1st yr. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, B.C.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience, Matron, Terrace & District Hospital Terrace, British Columbia.

General Duty Graduate Nurses (2). Salary: $220 with annual increments of $5.00 per mo. Full maintenance in hospital — $40 per mo. 28 days holiday after 1 yr. service. Customary sick leave. Apply, with full particulars, Sec., Slocan Community Hospital, New Denver, B.C.

General Duty, Operating Room & Obstetrical Nurses. Salary: $200 for recent graduates Laundry. 8-hr. day, 44-hr. wk. — straight shift. $20 differential evenings — $15 nights. Vacation, sick time, statutory holidays on salary. Semi-annual & annual increments. Financial recognition for yrs. of experience, post-graduate or university study. Apply Director of Nursing, General Hospital, Winnipeg, Man.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved. Student affiliation & post-graduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Duty Nurses. Salary: $182.43 (one hundred eighty-two dollars & forty-three cents) monthly, paid on a bi-weekly basis; 26 pays in a yr. Salaries have scheduled rate of increase. 48-hr. wk. 8-hr. broken day; 3-11, 11-7, rotation. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 wks. vacation after 1 yr. service. Apply Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

General Duty Nurses. Gross salary: $200 per mo. with 1 yr. or more of experience; $190 per mo. with less than 1 yr. experience; $20 per mo. bonus for evening or night duty. Annual increment, $10 per mo. 44-hr. wk. 8 statutory holidays. 21 days vacation & 14 days sick leave with pay after 1 yr. employment. Apply Director of Nursing, General Hospital, Oshawa, Ont.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

VANCOUVER GENERAL HOSPITAL

The Vancouver General Hospital requires:

General Staff Nurses. 40-hr. week. Salary of $231.00 as minimum and $268.50 as maximum, plus shift differential for evening and night duty.

New ***Paediatric Unit*** now open. Applications from qualified **Paediatric Nurses** welcome.

Residence accommodation is available.

Applications should be accompanied by letter of acceptance of registration in B.C. from *Registrar of Nurses, 1101 Vancouver Block, Vancouver 2, B.C.*

Apply to: **Personnel Dept., General Hospital, Vancouver 9, B.C.**

Graduate Nurses for General Duty. Living-in accommodation if desired. Apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

General Duty Nurses — "You will like it here." Placement in the service of your choice in Teaching Hospital. Beginning salary: $240 per mo. for 40-hr. wk. Scheduled increases, payment for overtime, 6-hr. evening duty. $270 per mo. for night duty. Sick leave, 6 holidays, 3 wks. vacation. Residence facilities if desired. Tuition-free courses after 6 mos. service. Opportunities for advancement. Apply Director of Nursing Service, University Hospitals of Cleveland, Cleveland 6, Ohio.

General Duty Nurses for 175-bed Pediatric Hospital. A.N.P.Q. salary scales & personnel policies in force. Apply Director of Nursing, The Children's Memorial Hospital, Montreal 25, Quebec.

Nurses (2) for 20-bed hospital. Modern nurses' residence. Salary: $190 per mo. plus full maintenance. Usual holidays with pay, sick leave, etc. Apply Matron, Union Hospital, Vanguard, Sask.

Operating Room Nurse immediately. Salary commensurate with training. **Also Registered Nurses & Maternity Nurses.** Small General Hospital. Salary: $150 & $95 respectively, with full maintenance. 44-hr. wk.; 8-hr. duty; rotating shifts. 3 increments of $5.00 per mo. at 6-mo. intervals. Blue Cross. 10 days sick leave per yr.; 6 statutory holidays; 28 days vacation. Apply Acting Supt., Barrie Memorial Hospital, Ormstown, Quebec.

Operating Room Supervisor with post-graduate training or experience in operating room supervision. 110-bed General Hospital situated in Fraser Valley, 68 miles from Vancouver. Salary, holidays, sick time, etc., in accordance with R.N.A.B.C. personnel practices. Accommodation in residence available. Apply Director of Nurses, General Hospital, Chilliwack, B.C.

Supervisor to organize Obstetrical Dept. in new Teaching Hospital. Good salary & personnel policies. Apply Director of Nursing, University Hospital, Saskatoon, Sask.

Assistant Public Health Nurse for City of Niagara Falls. Generalized program. Basic salary: $2,900 with annual increments. Employee benefits include: 5-day wk.; annual vacation, sick leave, P.S.I. & W.C.B. coverage. Car supplied on job. Apply, stating qualifications & availability, C. K. Whitelock, M.B., M.O.H., 824 McRae St., Niagara Falls, Ontario.

General Duty Nurses for 67-bed General Hospital. Gross salary: $200-$220 per mo. with $10 & $15 per mo. increments for night & evening duty respectively. 44-hr. wk. Apply Supt., Portage Hospital District Area 18, Portage la Prairie, Man.

Asst. Supt. for active 60-bed General Hospital. Some training in Instruction would be preferable. Apply, stating qualifications & salary expected, Supt., General Hospital, Strathroy, Ontario.

Operating Room Supervisor for 50-bed hospital. Town 65 miles from Toronto—on Lake Ontario. Salary: $220 per mo. Living accommodation in residence. Apply Supt., Port Hope Hospital, Port Hope, Ontario.

HOSPITAL NURSES

GRADE 1 — $2,430-$2,820 GRADE 2 — $2,730-$3,120

Department of Veterans Affairs Hospitals

Camp Hill, Halifax
Ste. Anne's, Montreal
Sunnybrook, Toronto
Westminster, London
Deer Lodge, Winnipeg
Veterans Hospital, Saskatoon
Colonel Belcher, Calgary
Shaughnessy, Vancouver

Application forms, available at your nearest Civil Service Commission Office, National Employment Office or Post Office, should be filed with The Civil Service Commission, Ottawa.

CIVIL SERVICE OF CANADA

Public Health Nurses immediately for Red Deer Health Unit. Diploma in Public Health nursing required. Duties to commence as soon as possible. Salary range: $2,520-3,120. Allowance made for experience when assessing starting salary. Car provided. Apply, giving full details of qualifications & experience, Sec., No. 9 (Red Deer) Health Unit, Red Deer, Alberta.

General Duty Nurses for 650-bed Teaching Hospital in Central California. Salary: $273-320 per mo. 40-hr. wk. Liberal vacation, holidays & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

Registered Nurse (1). 8-bed hospital. Salary: $240 per mo. Full maintenance $30 per mo. Apply J. E. Hunter, Sec., Union Hospital, Hodgeville, Sask.

Supervisor of Nurses (Head Nurse) for attractive position with modern & rapidly expanding hospital. Excellent prospects. Good salary. Nice living quarters — full maintenance. Employee's benefits. Apply c/o Box C, The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

Public Health Nurse for Kenora-Keewatin-Dryden area Health Unit. Salary range: $2,600-3,200 with allowance for previous experience. Transportation provided or car allowance. Kenora is situated on C.P.R. main line, 150 miles east of Winnipeg on beautiful Lake-of-the-Woods. For further information or application, write Mr. D. T. McLeod, Sec.-Treas., Box 174, Kenora, Ont.

Registered Nurses for City of Winnipeg Municipal Hospitals. Salary: $215-230 for Head Nurses; $180-215 for Floor Duty Nurses. Semi-annual increases of $10 per mo. Pension plan. Holiday allowances. Liberal sick time allowances. Apply Supt. of Nurses, Municipal Hospitals, Morley Ave. E., Winnipeg, Man.

Staff Nurses Grade 1 for Division of T.B. Control, Dept. of Health, Vancouver & Tranquille, B.C. Salary: $239-271 per mo. plus $10 for certificate in O.R. or other required specialty. Apply B.C. Civil Service Commission, 411 Dunsmuir St., Vancouver, British Columbia.

GENERAL STAFF NURSES

GENERAL WARDS **OPERATING ROOM** **OBSTETRICS**

for

200-bed hospital

Pleasant city of 33,000. Two colleges.

Good salary and personnel policy.

For further information apply to:

DIRECTOR OF NURSES, GENERAL HOSPITAL, GUELPH, ONTARIO.